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Quinine Compound and Strychnine.	
Quinine, Iron and Nux Vomica.	
Quinine, Iron and Strychnine.	
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Of the U. S. Pharmacopœia.

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Nux Vomica Extract & Phosphorus.

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Iron, Citrate and Quinine, 1 and 2 grs.
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Iron, Dialysed, 2 grs.
Iron, Ferrocyanide, 3 grs.
Iron, Iodide, 1 gr.
Iron, Iodide and Sul. Quinine.
Iron, Lactate, 1 gr.
Iron, Phosphate and Strychnine.
Iron, Phosphates, Quinine and Strychnine.
Iron, Phosphorus and Aloes.
Iron, Phosphorus and Nux Vomica.
Iron, Phosphorus and Quinine.
Iron, Phosphorus, Quinine, and Nux Vomica.
Iron, Phosphorus, Quinine, and Strychnine.
Iron, Proto-Carb., (Vallet's), 3 and 5 grs.
Iron, Quinine and Arsenic.
Iron, Quinine and Nux Vomica.
Iron, Quinine and Strychnine.
Iron, Quinine, Strychnine, and Arsenic.
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We regret to say that our attention has been called to several cases where other pills have been substituted for ours, and hence we would caution Physicians to specify "McKesson & Robbins' G. C. Pills" on their prescriptions.

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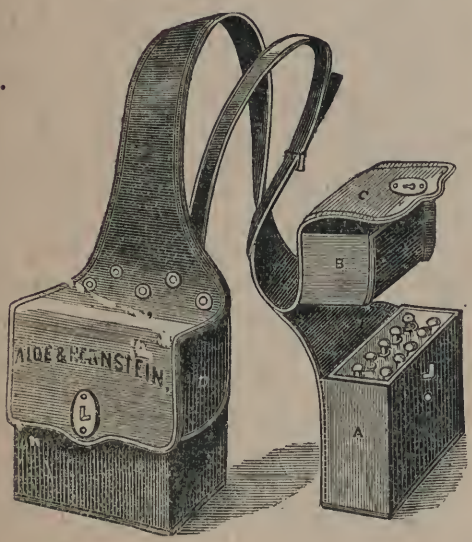

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		Made of the best Russet Leather.	

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TO THE

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Compound Tincture of Neilgherry Bark,

I offer it for your consideration, with the full assurance that you will find it possesses all the valuable properties claimed for it.

It is a well known fact, proven by analysis and clinical use, that the bark grown on the Neilgherry Hills is much richer in the more useful alkaloids than that obtained from any other source. It is also shown conclusively by numerous trials to possess greater febrifuge properties.

This Tincture fairly represents the finest quality of this bark and unlike the separated Alkaloids will not produce quinism or any of the disagreeable sensations sure to follow their use.

In the preparation of this tincture, an extract is first made and purified from all extractive and coloring matters, carefully assayed, and the tincture formed from this containing at all times the definite quantity of ten grains of the combined alkaloids in each fluid ounce, each alkaloid being in the same proportion as originally found in the bark. The vehicle is slightly aromatic and contains a small quantity of Alcohol and Sugar. Although quite bitter the taste is not unpleasant, and in the very large number of cases in which it has been used during the past season, it has proven vastly superior to Quinia in all cases of Intermittents and other diseases having their origin in Malaria, both in the more certain and rapid cure of the disease and in its after effects upon the system. As a tonic in debility, given in small doses, it is more efficacious than any preparation heretofore devised, being less liable to offend the stomach or to irritate the bowels.

The Tincture is put up in six ounce and twelve ounce bottles, labeled simply "Compound Tincture of Neilgherry Bark, prepared by J. C. Richardson," the dose and mode of administration being left to the physician.

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RICHARDSON & CO.,
WHOLESALE DRUGGISTS,
ST. LOUIS, MO.

OFFICE OF

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

FREMONT, OHIO, April, 1878.

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It is now five years since we first introduced and began the manufacture of Extract of Malt in the United States. It has been our aim to furnish the medical profession in America with a malt-extract equal to the best German make, and (by saving the expenses of importation), much cheaper than the foreign article can be afforded. For the manner in which our efforts have been appreciated by the medical profession. we desire to express our warmest thanks.

The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

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Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, &c., who (attracted by the high reputation of our Extract of Malt), have recently, in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according with the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very Respectfully,

TROMMER EXTRACT OF MALT CO.

From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474:

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as Cod-liver oil, carbo-hydrates (malt-sugar, dextrin.) taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod Liver Oil in the treatment of phthisis, and other wasting diseases at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. V. ST. LOUIS, JAN., 1879. NO. 10.

Original Lectures.

TREATMENT BY MENTAL IMPRESSION.

Report of a Clinical Lecture Delivered at the Children's Clinic at St. John's Hospital.

BY J. P. KINGSLEY, M. D.,
Professor of Materia Medica and Therapeutics, and of Diseases of Children in the Mo. Med College.

GENTLEMEN:—The little girl brought before us to-day is about eleven years of age; is a bright and intelligent child for her age; you would almost call her, from her appearance, a little woman. She is an apt scholar and stands at the head of her classes at school.

You will observe, as she stands before you, that she is somewhat restless; seems unable to remain perfectly quiet even after I have called your attention to her restlessness. She is very solicitous about her studies and standing at school. In consequence of her precocity she is pushed forward still faster by her mother and teachers. The mental strain is evidently too great. For some eighteen months she has complained of pain in various parts of her body; during the past few days it has been in the head. Her mother tells us that for the past two or three days she has suffered with intense headache. We learn from the mother that she has always been a somewhat nervous child. The mother also informs us that while her husband enjoyed good health until a short time before death, having died of an acute disease, that she herself has never been really well; that she has always been extremely nervous. She is now suffering from carcinoma uteri. You doubtless have been made sufficiently familiar with the cachexia to have suspected it from her appearance. One singular phenomenon in connection with our little patient is, that she has frequently complained of pains at the same time that her mother has and frequently in or near the same localities. This is due to an impression produced upon the mind. The female mind, as you are doubtless aware, is especially impressible. Women not unfrequently claim that they suffer almost as much pain as the friend or neighbor whom they remain with during labor.

Regarding the causes of our patient's condition, I will say: First, heredity; second, mental over-work; third, "sympathy," as it is sometimes called, or susceptibility to mental impressions. Now, gentlemen, without going further into details regarding the nervous phenomena, on which subject Prof. Bauduy has fully informed you, I simply propose to take advantage of this impressibility. I will first inform you, however, that much has recently been said and written regarding metallotherapy, more especially by Prof. Charcot, of Paris. We have been told that the application of the *proper* metal to an affected part will afford relief and produce a cure in certain cases.

We propose to relieve this little girl by the application of a metal. I shall use this silver half dollar, in the present instance,

which I happen to have in my pocket. She says the most intense pain is in the centre of her forehead; therefore I shall place the coin on that part and we shall find that the pain will disappear in *two* minutes. (The coin was applied and held there for the space of two minutes.) Since our application of the metal she says she does not have a particle of pain. She says she is sure that she has none; that she is entirely relieved. (The patient was dismissed.)

Now, gentlemen, that our patient is gone and out of hearing, allow me to assure you that the so-called metallotherapy is a "humbug." We simply produced an impression upon this impressible child's mind. As Prof. Hammond says: "A piece of wood, or rubber, or shell, would have answered quite as well." All the wonderful and miraculous cures that are produced by the "laying on of hands," "mesmerism," etc., are produced in the same way. An impression is made upon the mind of an hysterical, nervous, or susceptible subject with an imaginary disease, and as a result, the "disease" vanishes.

(Three days later.) I bring before you to-day, gentlemen, the mother and daughter who were at our clinic three days ago. The mother says that her child has not been so well for a year and a half as she has been since her visit to us, and she comes here to-day simply to thank us for the great relief we have afforded her.

Original Communications.

GONORRHŒA.

The Approved Method of its Treatment a Failure; A New and Efficient Plan; Gleet Inseparable from Stricture; A New Instrument for Internal Urethrotomy.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Once I attended a patient with gonorrhœa. After a month's treatment, recovery was still "in supposition." The patient had done his part faithfully; I had most scrupulously followed the "approved" plan, yet the discharge and some soreness continued.

At this juncture the patient demurred and expressed his disappointment at the result, remarking that he had relieved himself completely from two similar attacks, within sixteen days, by *doing nothing*, except keeping quiet; now he had employed a surgeon in the certain hope of being cured in *less* time, wherein he was mistaken.

This statement could not fail to make a deep impression upon me, since it materially clashed with my own observation. Most writers on the subject represent gonorrhœa as a lesion of trifling import and susceptible of an easy cure; though they differ in the preference of remedies, they agree on the axioms of management. Inquiring among my professional acquaintances, I soon found that they had met with no better luck, and not a few of them admitted, with praiseworthy candor, that they did not understand how to treat the disorder to their own satisfaction. Neither could they control the prominent symptoms nor stop the discharge with anything like promptitude. This being exactly my own case, the question arose whether,

1. Gonorrhœa was in reality a more intricate disease than is generally assumed? or whether,

2. The "approved treatment" was at fault?

In order to elicit an answer to the first question, I, of course, did not rely on the statement of my patient, but instituted a series of therapeutical experiments, in which I administered such insignificant drugs as to essentially leave the disease to its own course. The result was decidedly more satisfactory than that accomplished by the "approved method." All these cases recovered in less than three weeks without the slightest remnant. The answer to the first question is therefore readily found.

We have then to inquire whether and in

what way the "approved treatment" is the cause of delay in and imperfect recovery from gonorrhœa?

Now, what is the plan which authors advise? Rest of body and mind as far as practicable! Scrupulous cleanliness, abstinence from lascivious reading and company! Diluent beverages! Regularity of bowels, avoidance of stimulant and a bland diet! Certainly excellent advice and in full accord with rational principles. But then follows a string of pet injections which are indorsed by their respective backers as almost unfailing specifics.

The fact that so many are recommended should, ere this, have challenged inquiry. Should injections not suffice in coping with the disease, the reserve is brought into action and copaiba balsam and the cubeb pepper administered. When the patient is thus "peppered" from above and below and the lesion does not only not yield, but is intensified, and travels backward to the bladder and compromises the seminal apparatus, we have to offer no other plea than that the patient has indulged in errors of omission and commission, or that the disease is of an unusual virulence! With this, the attendant and the patient console themselves.

Thus weeks and months may be spent, until the patient becomes heedless, and, strange to say, when he neglects medicine and injections, he gradually gets better, and, perhaps, recovers.

This is a lucky termination when compared with others. With some the discharge does not entirely cease. Some moisture continues at the meatus and gradually increases in quantity. Its quality may likewise change and become sero-purulent, accompanied by some tenderness on passing urine. This continues for months with noticeable change in the flow of urine, and when a Leroy bougie is inserted, a stricture or strictures are discovered. Occasionally, cases of stricture are observed in which there is little or no fluid discharge but on pressing the penis from behind forward a caseated substance is expelled, which is recognized under the microscope as inspissated pus.

As far as my experience reaches, I have *always* found a stricture as the cause of gleet, and where I passed the largest staff (say Nos. 16, 18 and 20) without obstacle, a No. 9 to 12 Leroy bougie invariably disclosed the obstruction.

But even stricture is not the worst remnant of gonorrhœa. More especially in such instances, which had been complicated by orchitis or irritability of the urinary bladder. A sub-acute prostatitis may remain giving rise to new and most distressing symptoms.

It is not the frequent discharge of the colorless, transparent and viscid fluid which now and then escapes (prostatorrhœa) from the urethra, but the prevailing hypochondriasis amplifies it into true spermatorrhœa. If, occasionally, nocturnal emissions of semen occur, or the patient discovers that his virile potency has vanished, the picture of misery and despondency is complete. And yet these are the usual attendants of sub-acute or chronic prostatitis, as every experienced surgeon can verify.

These are, then, the immediate and remote effects of the "approved" plan in the treatment of gonorrhœa, as I have found them in my own and the practice of others.

Now I desire to state, that I have at no time been given to concentrated injections. But once I have tried, to my sincere regret, the abortive method of Ricord, with a concentrated solution of nitrate of silver. It was followed by so violent a thunder-clap as to shake the very constitution of my patient, who stood an the eve of his wedding, that I had no courage to repeat the trial upon anybody else.

When I became convinced that the strong injections were hurtful, I gradually diminished the proportion of the active principle to a merely nominal quantity. Even then

my success was not better when I changed from one to another.

Since I have given the subject some thought, I have for the first time understood tho true cause of failure. Pathology has furnished the key.

In all catarrhal affections of the mucous membrane, infectious or otherwise, the protecting layer or layers of epithelium are thrown off, or the epithelial cells converted into pus cells and discharged. The mucous membrane is thus, as it were, raw, not unlike the skin after the destruction of the epidermis. The nerve papillæ are consequently exposed to contact with deleterious substances. This all happens with the urethra, as can be demonstrated by the microscope and endoscope. What renders the passage of urine so painful, precludes the use of irritating injections and the remedies commonly employed for the suppression of discharge, belong to that class. Most of them have the chemical effect of coagulating albumen, and it may have been the design with their use, to protect the raw surface of the urethra, against the irritating effect of urine upon it. But this argument would not hold, since the protecting layer of albumen is soon again detached, leaving the mucous membrane in a still worse condition.

No practitioner would dare to inflict such unwarrantable treatment upon the mucous membrane of any other part of the body, as, for instance, in acute catarrn of the nasal cavity. He would unfailingly excite such a tempest of sneezing as to blow him out of doors, and justly, too. That which is so inappropriate in the nasal cavity cannot be of benefit upon so sensitive a tube as the urethra.

In reasoning upon this, I at once decided to abandon *in toto* the "approved plan" and to commence action on a new base.

Since the new departure, I have treated thirteen cases of gonorrhœa with most speedy, perfect and enduring results, the average time of relief being *six days*. Eleven cases were of recent origin and had not yet advanced to great intensity; two cases had been of nine and ten days standing, respectively. I intended to collect more clinical material in proof of my treatment, but the subject appears too important for delay, therefore I submit my views at once, and desire nothing more than a thorough criticism and trial.

My plan embraces all those hygienic rules which I have mentioned and I rarely resort to internal treatment, since the disease is simply local. The injection which I apply in the acute stage is as follows:

℞ Inf. sem. linii (ex. ℥iij parati) ℥vi;
Cui adde ext. opii. aquosi fl. gtts. xviii.
M. S.—To be injected warm every three hours and retained for a few minutes.

This injection is not only emollient, but sufficiently viscid to cover the bare urethra with a protecting coat, and sufficiently narcotic to soothe the irritated nerve papillæ. It is advisable first, to clean the urethra with a warm water injection. With no exception, the patients at once felt relief and the discharge commenced to diminish. Towards the end, the injection might be alternated with a very weak solution of the acetate of lead, say one-third of a grain to the ounce of liquid, which seems sufficient to dry the secreting surface and to complete the cure.

I have stated already, that gleet is inseparable from stricture, and in order to relieve the one we must relieve the other. Strictures may be present without gleet, but gleet is always dependent on a stricture or strictures.

Dilatation but very rarely leads to permanent results; the stricture generally returns with all its inconveniences. But, division insures the cure. There are some cases of srricture which can only be reached by perineal section. If the stricture is, however, of a dilatable nature, so as to admit the urethrotome, internal division is exclusively indicated. There is no danger connected with the operation, provided

the patient has previously learned to introduce the catheter so as to protect the wound from contact with the urine, whence the danger of urinary infiltration and abscess arises, and, provided, that the division of the stricture is not made beyond the natural calibre of the organ.

Whether the stricture may be relieved by one or several incisions in different directions, depends chiefly upon its nature. I have met with several cases in which the strictures were not only circular, but of almost cartilaginous firmness so as to be felt externally. One division could, and did not give desired relief, hence I had to divide them in opposite directions. Most instruments constructed for internal urethrotomy permit the use in every direction in the straight portion of the penis, but there is none, which I know, that could be used for the membranous and bulbous parts in more than a downward direction. The want of such an instrument has been felt for some time, and I think I have succeeded in constructing one which answers these requirements. In the accompanying illustration, it will be seen that it consists of a tube, within which a movable knife is concealed, in which the blade may be graduated to suit any case. When the olive tip is fastened to the end of the instrument, it is for use in the straight portion of the penis and division of the stricture may be made from behind forward in any direction. But if it becomes necessary to divide a stricture in the bulbous or membranous portion of the urethra, a straight instrument is useless. For this reason, I have a copper prolongation screwed on which when suitably bent will allow its introduction into the bladder and bring the knife so to bear upon the stricture as to divide it in any direction. It is, in justice to Mr. Hernstein, of this city, to say, that he has kindly assisted me in perfecting its construction, and that he sells it at a moderate price. The scale of measures might be marked on the instrument, but this would make it more expensive, and withal, it is unnecessary. I locate the stricture by Leroy's detector, and mark its depth by a little scratch, then introduce, open and draw forward, by which the stricture is divided. Having succeeded in this "many times and oft," I suppose my medical brethren will have no difficulty in managing the instrument as soon as it is examined.

DR. BAUER'S IMPROVED URETHROTOME.

I have written this article rather hastily, much more with a view to elicit discussion than to decide grave questions connected with this subject, and I reserve to myself the privilege of addressing the profession again on this topic when the occasion shall present itself.

Clinical Reports.

JABORANDI AND PILOCARPIN IN PUERPERAL ECLAMPSIA.

Two Cases—Two Recoveries.

BY L. CH. BOISLINIERE, M. D.,
Professor of Obstetrics and Diseases of Women and Children in the St. Louis Med. College.

CASE I.—Young primapara, fair health, pregnant seven months, moderate anasarca, scanty urinary secretion, cephalalgia for two days.

In the middle of the night, during sleep, had a violent convulsion, which lasted a few

minutes, and was followed by stupor and coma—face congested. This state of insensibility lasted two days, during which there were several eclamptic seizures, and periods of semi-consciousness, and occasionally she could swallow a little, but would relapse into a semi-comatose condition.

A vaginal examination proved there was no labor; os closed, uterine neck not effaced.

Treatment.—At first a moderate venesection of eight ounces of blood; inhalation of chloroform at the return of every seizure. These continuing, and obstinate vomiting precluding the use of medicines by the mouth, except a few broken doses of calomel. Bowels constipated; urine drawn by catheter, very scanty and containing a large amount of albumen; skin dry.

The case not improving, patient restless, convulsions returning every two or three hours, two drachms of the fluid extract of jaborandi were now injected into the rectum. In a short time very abundant perspiration and most profuse salivation took place, so great as to threaten the patient with suffication, and she had to be turned on her side to allow the flow of saliva, which amounted to about two pints in a few hours.

Two hours after the administration of the jaborandi, she passed nearly a quart of urine. A few hours after, the urine examined presented not a trace of albumen. One drachm of fluid extract of jaborandi injected again. From this time consciousness returned gradually; labor pains set in, very slow and feeble at first, when, after a few severe pains, she was delivered of a dead child, by the forceps. Recovery was slow but complete.

Case II—Where pilocarpin was used. (Pilocarpin is the alkaloid from jaborandi).—This is reported in the New York *Medical Record*, of Dec. 7, 1878:

Dr. Stroynowsky reports the case of a primapara, who was admitted into the hospital in Limberg, with a history of five violent eclamptic attacks during the preceding night. She was totally unconscious, restless and had general tremors. The head presented at the superior strait and the membranes had ruptured, but the os was not as large as a silver quarter. The urine was loaded with albumen. During the succeeding three and a half hours she had three violent convulsions, after one of which artificial respiration had to be resorted to. At 11 A. M., as a last resort, a Pravaz (hypodermic) syringeful of a two per cent. solution of pilocarpin was injected subcutaneously. Two minutes afterward salivation and profuse perspiration set in, and the patient became quieter and slept for two hours. At 2 P. M. regular pains set in; at 4 P. M the injection of pilocarpin was repeated, and at 6 P. M., as the os was finally dilated and the head had made no progress during the preceding two hours, the child was extracted with the forceps. *No convulsions occurred after the first injection.*

After delivery, the patient slept for fourteen hours and she awoke with full consciousness. The subsequent course of the case was normal, though the urine continued to contain some albumen.—*Centralbatt für Chir.*, Sept. 28, 1878.

These cases are presented without comment. They may serve to throw some light upon that most obscure subject, the pathology of puerperal eclampsia, which remains almost a *terra incognita*, in spite of the great researches of Rayer, Braun, Frerichs, Traube, Rosenstein, and others.

2303 Chestnut street, St. Louis.

ABSCESS IN THE ISCHIO-RECTAL FOSSA.

BY S. B. HOUTS, M. D.

I was called, Nov. 27th, to visit the wife of a police officer, who was reported to be suffering from an acute attack of hemorrhoids. The patient complained of a

"bearing-down" sensation of pressure in the region of the anus and rectum, accompanied with agonizing pain, precluding rest by day and sleep at night. I examined the parts carefully, found no evidences of hemorrhoids externally; no swelling or protrusion anywhere; however, the parts were very sensitive to the touch; so much that it was almost impossible to approach the patient to make a satisfactory examination. Being late in the evening, I introduced a suppository composed of aqueous extract of opium and extract of belladonna into the rectum to ease pain, and concluded to await developments.

Called again on the 28th, found patient very little relieved; had a restless night, short snatches of sleep at intervals; countenance anxious and distressed. Examined again; noticed nothing unusual; the pain very great and parts sensitive to touch. Prescribed one-eighth grain morph. sulph., every two hours till patient should be relieved.

Called again 29th. Patient, under the influence of the morphia, much relieved from her distress, but complaining of a dull throbbing pain in the region of the rectum. I now became satisfied that I had to deal with an *ischio-rectal abscess*. Upon examining, discovered a small red protuberance on the left side of the anus. By careful manipulation, could distinctly perceive fluctuation. I immediately concluded to operate and evacuate its contents.

Assisted by Dr. Vaughn, who administered chloroform to the patient, I plunged the bistoury into the cavity of the abscess, when a large quantity of thick, purulent matter escaped, emitting a most intolerably offensive odor. I thoroughly cleansed the cavity by injecting a five-grain solution of carbolic acid.

Of course, the evacuation of the pent-up pus gave immediate relief. These abscesses, of themselves, are not of very much moment to the surgeon, however, their results are of great consequence to the patient, therefore they require our respectful attention. There are two varieties of abscess that manifest themselves in this region: those of simple, phlegmonous character, which we have just been considering, and the strumous, such as occur in persons predisposed to phthisis. In the former, the symptoms are bold and well marked, the parts being generally swollen and excessively painful, the disease advancing rapidly, soon reaching its crisis. Matter forms in abundance, there is apt to be great destruction of the surrounding cellulo-adipose tissue, causing extensive separation of the rectum and anus from surrounding parts. In strumous abscess, the progress of the disease is slow and insidious; the matter not so abundant and there is less dissection of the rectum, the tumor in the rectal fossa slowly increases, spreads, feels hard to the touch, the pain is not very great if left to itself, sometimes several openings form, the tumor being "honey-combed," as it were, discharging a thin, flocculent pus.

There are several points of considerable practical importance to the practitioner in treating these abscesses:

1. The diagnosis is not so readily made as we might suppose, especially when the abscess is deeply seated, therefore the practitioner had better reserve his opinion and observe the case closely, relieve pain, and await developments.

2. As soon as it is discovered that a phlegmonous abscess exists, it should be incised immediately, to preserve the surrounding tissues from destruction.

3. After the matter is evacuated, the cavity should be thoroughly washed out with a proper solution of carbolic acid, to promote healing and guard against the formation of fistulæ, which, when once formed will be found difficult to heal.

4. Nearly all these patients will be found with impoverished blood; therefore tonics should be prescribed, and of these, quinine and iron are the best, from three to five

grains of quinine, and fifteen to twenty drops muriate tincture of iron should be given three times a day.

5. The strumous variety of abscess requires not only local, but constitutional treatment: cod liver oil, iodine, extract of malt, iron, quinine, etc., etc.

6. It has been advised to perform section of the sphincter ani at the same time that the abscess is opened. This is done with the object of securing perfect rest to the parts during the healing process, and thus precluding the possibility of the formation of fistula in ano. Proper treatment will usually secure the same result without this additional surgical procedure.

623 Olive street, St. Louis.

Translations.

INDUCED HYSTERICAL CATALEPSY AND SOMNAMBULISM.

Report of a Lecture Delivered at the Hospital of the Salpétrière by Professor J. M. Charcot. *From Le Progrès Médical*, 21 *Dec.*, 1878.

(Translated for the Clinical Record.)

Certain hysterical patients, under divers influences, are capable of entering into a condition of induced catalepsy. This has permitted M. Charcot to study from a new basis the entire order of physiological or pathological phenomena which, since the works of Braid, of Manchester, published in 1842, and those of Messrs. Azam, Broca, Lasègue, Mesnet, and others, about 1860, have remained almost entirely in obscurity.

Notwithstanding the difficulties of all sorts that such a subject presents, M. Charcot has not feared to undertake its study; for he thinks that every phenomenon of the natural order, whatever be its appearance of complication or of mystery, is none the less a subject of methodical observation, and that a true observer should be guarded equally against facile negation of the persons deceived and of the impulses of the imagination. We are no more permitted to deny facts that have been rigorously observed, than to bolster up premature theories with incomplete observations.

The present study is the complement to the researches upon grave hysteria—*hysteria major*—long since undertaken by M. Charcot. A more profound knowledge of the divers states designated catalepsy and somnambulism will permit a more correct conception of the hystero-epileptic attack and will facilitate the description of the varieties of attack resulting from the admixture of ordinary symptoms, of phenomena which often spontaneously supervene in hystero-epileptic patients in the intervals between the attacks. Such is the case with catalepsy and the sleep called somnambulic.

The facts recently observed by M. Charcot, have been publicly reproduced in his course of Sunday clinical lectures upon our patients, Gl—, and Br—, and have always been the same. In the other hystero-epileptic patients, the results obtained have not always been so complete. But we have found only a difference in degree, and it would seem to result, from multiplied experiments, that the artificial production of the different states of which we are about to attempt giving a detailed description, is, if not one of the constant symptoms, at least a very frequent one of the great hystero-epileptic neurosis.

1. The patient is placed in front of a brilliant luminous focus (Bourbouze lamp, Drummond light, electric light), upon which she is asked to fix her gaze. After a time, generally a short one (from a few seconds to several minutes), and sometimes instantaneously, the cataleptic state supervenes. The patient is as if fascinated, motionless, the eyes widely open and fixed upon the light, the conjunctivæ injected and humid. Anæsthesia is complete.* If the patient be

*The hyperæsthetic points usually persist. By exciting the hystero-epileptogenic zones, a convulsive attack is provoked in the somnambulic or cataleptic patient.

hemianæsthetic beforehand, she becomes totally anæsthetic. She is in no way contractured, and all her limbs have their normal suppleness, or almost so (sometimes they are the site of a certain degree of rigidity); but they have acquired the singular property of preserving whatever attitude is impressed upon them. This is precisely what all authors have described under the name of catalepsy; and the patient is able to keep, during long periods, poses such as would cause her pain to take when she was not in this state. All communication of the patient with the external world seems interdicted, and she gives no sign of intelligence to the different questions that may be addressed to her. A very interesting peculiarity is the influence of gesture upon the physiognomy. The features reflect the expression of the gesture. A tragic attitude impresses an air of hardness upon the physiognomy, the eyebrows contract; if on the other hand, the hands are brought to the mouth, as in the act of "throwing a kiss," a smile immediately appears upon the lips. This is an example of what is called, in the language of Braid, the phenomenon of *suggestion.** This cataleptic state lasts as long as the agent which provokes it, the light, continues to impress the retina.

2. If the light suddenly disappears, or if the luminous ray is hindered from reaching the patient's eyes by the interposition of a screen, or simply by depressing the upper eyelids with the hand, the catalepsy gives place to a new condition which differs essentially therefrom, and corresponds to what has been designated somnambulism, provoked somniation, nervous sleep, magnetic sleep, etc. The word sleep is, perhaps, rather improperly employed here, for we shall see that this special state differs much from the characters of true sleep. M. Charcot prefers to designate it, awaiting a better term, by the vague name of *lethargy*.

Hysterical lethargy, in this particular case, begins abruptly with the cessation of the luminous impression; if she was standing, the patient falls upon her back, her head thrown backward, the throat projecting. The eyes close, and a whistling inspiration is heard, accompanied by some noisy movements of deglutition. These latter signs and the fall backward recall, to a certain degree, the onset of a hystero-epileptic attack, but the resemblance ceases here, for the limbs and the entire body, so far from offering the tetanic condition of the epileptoid state, are in the most complete resolution.

A very remarkable muscular phenomenon is immediately developed, this is what M. Charcot calls *muscular hyperexcitability:* If a muscle is pressed or rubbed, even lightly, through the skin, it is thrown into contraction in the same manner as takes place when localized electrization is practised. The contraction of the muscle persists after the excitation, however, if this be rather strong or prolonged, it may be transformed into a permanent contraction; the excitation of a nerve provokes the contraction of all the muscles that it innervates. Thus, *it suffices that a slight impression be made in front of the lobe of the ear, where the facial nerve emerges, to cause a contraction of the muscles of that side of the face;* if each muscle of the face be touched singly, it contracts by itself; a slight friction over the sterno-mastoid causes the head to turn according to the known action of that muscle, *i. e.*, the face is directed towards the side opposite to that of the muscle excited. Excitation of the antagonistic muscle, the opposite sterno-mastoid, brings the head back, and if persisted in, turns it inversely. In the arm, excitation of the flexors causes contraction of the member in the flexed position, which ceases on excitation of the extensors and inversely. Altogether, every muscle is

* See, in this connection, the excellent article on Hypnotism, in the Dictionnaire de medicine et de chirurgie pratiques by M. Mathias Duval.

susceptible of being thus contracted, and following the duration and intensity of the excitation, any contraction may be obtained at will.

In addition to this state of the muscles, there are other characteristics of induced hysterical lethargy, there is a constant quiver of the upper eyelids, convulsion of the ocular globes in divers directions,* and the persistence of total and absolute anæsthesia.

Such is what may be called the *carus hystericus,* or first phase of induced somniation.

But the patient, until now inert, may, under the influence of certain excitations, enter upon a second phase which it is proper to term somnambulism. If she is called, a little sharply, she rises and turns herself towards her questioner—the eyes still shut or half closed. She may be caused to write, sew, etc.

She executes all these different acts with closed eyes, with almost the same precision as in the waking state. The muscular sense, as M. Azam has remarked, seems here to replace that of sight. At times she answers questions proposed to her with more precision than she could have done in her normal condition; it seems that the intellect may be most active.

During this second phase of induced somniation, the muscular phenomena of the primary stage persist in the same degree (muscular hyperexcitability, quivering of the eyelids, etc.).

To cause the patient to come out of this cataleptic state, it suffices to blow upon her face, or to suddenly compress one of the ovaries—the latter in patients subjects of ovarian tenderness (*ovaria*). At the moment that she comes to herself, the patient is taken with a pharyngeal spasm, which causes the appearance of a little foam upon the lips, thus showing the connection which exists between these different stages of the true convulsive attack. In no case have we seen any memory of what has passed during this sleep preserved.*

To recapitulate, it is seen that the two conditions that we have just studied are thus characterized:

1. *Cataleptic state.*—The eyes are widely open; anæsthesia absolute and total; the limbs and different parts of the body are capable of preserving the position impressed upon them; little or no muscular rigidity; and impossibility of causing muscular contraction by mechanical excitation.

2. *Lethargic state.*—The eyes are shut or half closed; persistent quivering of the upper eyelids; convulsion of the eyeballs; complete and absolute anæsthesia; *muscular hyperexcitability;* the members in the state of resolution no longer preserve a given position, aside from this that provoked contractions may be impressed upon them; *coma* or *sleep* (first stage), somnambulism (second stage).†

What is the nature and intimate mechanism of these phenomena, that have been

*Sometimes upward and inward, sometimes downward and inward, or outward and downward. It is thus seen that the phenomenon is very variable.

*We have several times counted the pulse of our patients, but have never found any difference in this respect between lethargy and catalepsy. In both conditions the pulse is regular and beats from 80 to 100 per minute. The respiration is feeble, irregular, and suspended at times. It is very difficult to count the number of respiratory movements.

†We have had occasion to observe a third species of sleep a few times in the course of our experiments, but our study of its phenomena is not yet completed. It would seem that this is to be considered as the third or ultimate stage of induced hysterical lethargy. To cite a case: This is what we have observed in the patient, Gl—: After repeating upon her the experiments in question, she fell into a sleep that lasted until the next morning, out of which it was impossible to waken her whatever excitations were employed, mechanical or electrical. She was in most complete resolution, the eyes closed, and the eyeballs turned downward. Respiration was very feeble and irregular. *Her muscles had lost the special property described as hyperexcitability. Excitation of the hystero-epileptogenic points provoked no crises. Compression of the ovaries was likewise without effect.* We evidently had to deal with a form of sleep of another species than that we had before studied. It also differed in this, that the patient, when she came to herself, had a consciousness of having slept a long time, and could recount in most minute detail, a long dream that she had had.

observed, for the most part, many and many times by different observers, but whose close interdependence seems not yet to have been pointed out? M. Charcot declares that he does not, in any way, understand it. The physician observes, it is for the physiologist to solve the problem. But whatever may be the desiderata of science in regard to this subject, the observer must register facts, well and duly substantiated, leaving to the future the task of interpreting them. The best way will be to first make a complete enumeration of facts and establish their natural grouping before seeking their explanation.

Some experiments undertaken by M. Charcot and repeated in his course of lectures permit a clear grouping of phenomena, and the reaching of still more rigorous determinations.

We have seen catalepsy produced by a luminous impression and followed by lethargy on a sudden suppression of the light. The return of the light brings back the catalepsy; it being only necessary to raise the lethargic patient's eyelids to cause a return of all the signs of the cataleptic state. In this experiment, catalepsy and lethargy follow each other, turn by turn, at the experimentor's pleasure, as he opens or closes the patient's eyes.

This experiment may be varied in the following manner: Let us suppose that the patient is plunged into the cataleptic state under the influence of a brilliant light. With the hand we close one of her eyes, the right, for instance, and she soon becomes lethargic upon the right side only, while she remains cataleptic on the left side; that is to say, the face and limbs of the right side are in resolution, and are alone susceptible to the hyperexcitability which is characteristic of lethargy, while the members of the left side only have the property of preserving whatever attitudes may be given them.*

*This experiment was first made by M. Descourtes, a student of the service.

At this time the patient may be said to be hemi-lethargic and hemi-cataleptic. Hemi-lethargy and hemi-catalepsy may occupy either side of the body indifferently.

The varied contractions that the lethargic state allow us to impress upon the patient are resolved of themselves and at once, if she is caused to pass directly from lethargy into the normal condition, which may be done in different ways—blowing upon the face, ovarian compression, etc. But, if in place of awaking her, she be rendered cataleptic, the *contraction persists as long as the catalepsy, to be resolved at the time when she is again plunged in sleep.* If she is awakened while cataleptic and contractured, the *contraction then persists indefinitely*, and the patient, when completely come to herself, offers every appearance presented by a case of hysteria affected by permanent contraction. It is then possible to relieve her completely from the contraction only by producing anew the condition of somniation.*

The hysterical patient thus affected with artificial permanent contraction, by the process indicated above, is under the influence of a special condition of the muscular system which may be called the *contraction diathesis*, *i. e.*, the muscles are susceptible of being contracted by the action of very various agents—the magnet, for example—and the contraction thus drawn in a manner, to one part of the body leaves the muscles primitively affected. Thus, let us suppose our patient is affected with an artificial permanent contraction of the right arm; now if we cause the magnet to act upon the left arm, by placing its active poles a short distance from the skin, after a few moments the left arm becomes contracted while, at the same time, the right regains its normal suppleness. This process of displacement of contractions under the influence of the magnet, has been utilized in the treatment of a permanent hysterical contraction super-

*The word "somniation" is borrowed from Joseph Frank. M. Moissenet has employed it in his interesting study published in the first fasciculus of the Societe medicale des hopitaux.

vening suddenly in a *religieuse*, Sister P—, whose case has been published at length in *Le Progrès Médical*.

As a complement to this study of catalepsy produced by luminous impressions, M. Charcot recalls the well-known experiment of causing a fowl to fall into an analogous condition by placing its beak before a white line traced upon the ground. The experiment is reproduced by placing a cock before a Drummond light; a condition soon supervenes that resembles catalepsy, but which is not followed by lethargy. These facts were long since recognized by Father Athanasius Kircher, who thought that the cause of these phenomena existed in the *animal's imagination*. Recently, in Germany, this cataleptoid condition has been reproduced by various processes in divers animals, such as the pigeon, rabbit, sparrow, frog, salamander and craw-fish, by M. Preyer, who attributes it to fright or shock. M. Charcot, without seeking to give the reason for these phenomena, contents himself with connecting them with those observed in hystero-epileptic cases, indicating a chapter in comparative pathology which does not lack a certain degree of interest.*

But light is not the only agent capable of plunging the hystero-epileptic into catalepsy and lethargy; the same experiments have been reproduced under the influence of sonorous vibrations. The patients, Gl— and B—, are seated over the sounding box of a strong tuning-fork, made of bell-metal, vibrating sixty-four times in a second. It is set in vibration by means of a wooden rod with which the branches are violently separated, or a bow is drawn across its open extremity. After a few moments the patients become cataleptic, the eyes remain open, they appear absorbed, are no longer conscious of what passes around them, and their limbs preserve the different attitudes which have been given them.* If the vibrations of the tuning-fork are abruptly arrested, the laryngeal sound is heard immediately, the limbs fall into a state of resolution and the patients at once become lethargic. Here the lethargy presents all the characteristics described above. In the midst of the lethargic condition, renewed vibrations of the tuning-fork reproduce catalepsy.

It would seem, then, that the suppression of the agent that provoked the catalepsy is the necessary condition for it to disappear and give place to lethargy. But the transition must be abrupt, *e. g.*, the light be extinguished at once, or the vibrations of the tuning-fork cease suddenly; if the vibrations are allowed to die out by themselves, the catalepsy persists.

The action of the agent producing catalepsy may then gradually cease, disappear, and the catalepsy therefrom remain the same. In fact, we shall see a patient, upon whom these divers experiments have been performed, remain for some time, one-fourth to half an hour—until some distraction, a walk in the air, or the like, has caused all to disappear—in a state of special predisposition, which causes her to become cataleptic while by herself, without appreciable intervention of any external agent, seemingly by the sole tendencies of her shaken organism.

Finally, effects absolutely similar to those described are obtained without the intervention of a light or sonorous vibrations. It suffices that the patient fix her gaze upon the eyes of the experimentor, whoever he may be, who regards her fixedly. B—, whose susceptibility to this kind of experimentation is very great, falls almost at

* The experiments attributed to Kircher (1646) were already known to Schwenter: "Delicie physico-mathematicæ," Nuremberg, 1636, who had borrowed it from a work published without the author's name, by a Frenchman. On the cataleptic state in animals, see also the works of Dr. Michea, of Czermak (Archiv. de physiol. de l'homme et des animaux, Bonn, 1873), of Preyer (Die Kataplexie und der Thierische Hypnotismus, with plates, Jena, 1878).

* We have seen that, when patients were rendered cataleptic by light, it sufficed to close their eyes to plunge them into the lethargic state. In the present case the same maneuvre does not lead to the same result. As long as the sonorous vibrations continue, the patient's eyes may be closed and the catalepsy continues all the same.

once into *hysterical coma*, preceded by the usual whistling inspiration. In patients who are longer in falling asleep in this manner, the lethargy seems to be preceded by a sort of cataleptic condition. All this is done without particular movements, and the personality of the experimentor counts for nothing.

Once the patient is sleeping in this fashion, it is sufficient to open her eyes to render her cataleptic; and we may repeat at will, and, it may be added, without any great fatigue to the patient, the entire series of experiments herein described. Z.

Extracts and Abstracts.

Phthisis.—(Canada *Medical and Surgical Journal*, Dec. 1878) Dr. Andrew Clark, Senior Physician to the London Hospital, recently gave an address upon the varieties of phthisis to the Canadian medical practitioners, which we condense as follows:

By phthisis he means "that assemblage and progression of symptoms, due to suppurative or ulcerative destruction, of more or less circumscribed non-malignant deposits in the lung." Acute tuberculosis he looks upon as a sort of fever, and a disease having no relation whatever to phthisis.

He has repeated Villemin's experiments on the artificial production of tuberculosis in animals, and concludes that the disease induced is not tuberculosis, and that the animal recovers entirely in five or six weeks, provided it receives decent care.

He divides cases of phthisis into three groups: 1. Those in which the "dominant element" is tubercle and its secondary consequences. 2. Those in which pneumonia is the dominant element; and, 3. Those in which the dominant element is fibroid tissue.

He states that tubercle, as such, never kills, "it is tubercle plus the secondary effects of the tubercle, which is fatal." The three varieties of phthisis differ in their mode of origin, progression, consequences and issues, from each other—hence he proposes the following names for them: *tubercular*, *pneumonic*, and *fibroid phthisis*.

In relation to the second variety, he admits that the question is rendered rather complex by the three forms of pneumonia met with, any one of which may become the starting point of phthisis. "First, there is the common inflammation which attacks the base of the lung, which begins with a little pain, is followed by crepitation, tubular breathing, and which terminates in six or seven days, and is generally removed. There is a second form of pneumonia, altogether different, which affects, instead of the lower part of the lung, the upper part, which, instead of beginning abruptly by fever, sometimes begins insidiously with a little fever and continues its march from the summit of the lung downwards. The characteristic of this pneumonia is a kind of cheesy stuff, exactly like that we find in the ripe scrofulous gland."

"Between these two forms of pneumonia and connecting them, as it were, together, is a third form, what is called catarrhal pneumonia, which is common in children, and is often a result of capillary bronchitis. * * * * * * Every one of these forms is capable of giving rise to exudations which, when not absorbed, and undergoing suppurative destruction, come within the definition of phthisis. The common pneumonia may do this, although it does so very rarely, the cheesy pneumonia does it commonly, the catarrhal with an intermediate degree of frequency."

In chronic phthisis mere tubercle never kills, and he thinks that if we could prevent the production of secondary pneumonia, the patient might be kept alive, and if fever was prevented, he might live as long as any one else. The tubercular form of phthisis is especially characterized in its early stages by the slightness of the physical and the prevalence of the constitutional symptoms, as well as by its not responding to almost any kind of treatment. There is usually a history of phthisis in the family. In its treatment he regulates the diet, gives alcohol in moderate quantity, orders air, exercise and the avoidance of cold. He states that no remedy has any specific influence in it.

In pneumonic phthisis of the first class—that following croupous pneumonia—there is no absorption of the deposit, and, after several weeks, the exudation breaks up, giving rise to fever and the other symptoms of phthisis. If there is no absorption of the effused product after several weeks,

then phthisis is the result. He does not believe in the administration of liquid food at short intervals in pneumonia. He says the food in this form is rapidly carried into the lungs. In a rapidly extending exudation he has seen the exudation carried to a fatal end by giving fluid foods every half hour. Food should be given in more solid form and not oftener than once in four hours. Alcohol he believes to be extremely useful.

The second class of cases of pneumonic phthisis is more difficult to recognize. There is no history in it of insidiously rapidly failing health, as in the case of tuberculosis; on the other hand, there is no history of acute attack which may be considered as pleurisy, but there is a history of cough creeping on with a little fever, and increasing without any material impairment of the general health. In this form the constitutional symptoms are exceedingly few, while the physical signs are very many. The middle part of the lung will be found to be very solid. The characteristics of this form are: the considerable extent of uniform consolidation at, say, the upper part of the lung, the comparative slightness of the constitutional symptoms—the occasional melting and absorption of the deposit, or its conversion into fibroid stuff—and the often scrofulous history of the patient.

Sometimes, instead of pursuing a chronic course, pneumonic phthisis takes on an acute character. In these, the disease occurs in the upper lobe, progresses rapidly from above downwards, is accompanied by fever, and either terminates at the end of a fortnight, or within a few weeks, in cavities. This is what used to be termed "galloping consumption."

Fibroid phthisis is, as a rule, of inflammatory origin. It is characterized by its mode of origin, contraction of one lung with displacement of the heart towards the contracted side, paroxysmal cough, absence of fever and slow progression of the disease.

In caseous pneumonic phthisis, he puts the patient in bed and keeps him there until the temperature falls below 100° F., however long that may be. In cases where the secretions are scanty, the tongue dry, temperature high and pulse quick, he uses only the salines and counter irritation. If he remains feverish, he gives up the citrate of potash, and puts a drachm of antimonial wine into a tumblerful of water and makes him sip that during the twenty-four hours. The skin breaks out into perspiration, tongue becomes moist, expectoration usually begins; then he stops the antimonial and gives effervescing salines with quinine and citric acid. He next feeds him with milk and beef-tea.

He recognizes fully the fact that people with caseous forms of phthisis may beget children subject to tubercular phthisis, also, that he has seen, in the same family, caseous phenomena in one and tuberculous phthisis in another. He still insists upon the distinction between the two for these reasons: That the tubercular history is almost unqualifiedly bad; the caseous history is relatively good, and the progress appears to be quite distinct from that of the other. While the tubercular mischief is scarcely amenable to treatment, the caseous is quite tractable.

Besides the varieties described, there are others caused by the presence of hemorrhagic extravasations, and by syphilitic deposits.

Yellow Fever in Memphis, Tenn., in 1855, Etc,—The following item is an extract of a brief history of the progress of yellow fever in Memphis, Tenn., in 1855, by Dr. L. Shanks:

"Previous to the late epidemic, Memphis has been regarded as being above the yellow fever region in the Mississippi Valley, and secure against its origin and development as an epidemic, from any cause. Memphis has heretofore occupied a position on the Mississippi river, above the region in which cases of the yellow fever have originated; and though exempt from the disease, the citizens, and especially the physicians, have been familiarized with it, by the number of cases on the boats passing up the river, when it has prevailed as an epidemic in New Orleans, Natchez, Vicksburg, and at other places below. The boats coming from the infected places always landed here, and were freely visited by the citizens and physicians when either business or professional call of the physician required it. In this way the sick passengers upon the boats were not only frequently seen and administered to, but when they desired it were occasionally removed from the boats to the hotels and boarding houses in the city, to be better attended to in the way of nursing and having medical

aid. No fear ever existed here of the propagation of the disease by cases thus brought from the infected boats on the river into the city; and no instance has occurred in which a single case of the yellow fever has thus been produced here by contact with the sick, the dying, or the dead from the boats. The non-contagiousness of the disease has not only been demonstrated here in that way for many years, but it has been still more largely confirmed by the results at the Memphis Charity Hospital. When the yellow fever has prevailed as an epidemic in New Orleans, there have always been cases occurring on the boats after leaving that city, before their arrival at this port. Many of these cases have been put off at the landing here, and sent through the city to the hospital, in former years. In 1853, about sixty cases; in 1854, forty cases; and in 1855, forty-two cases were thus sent from the boats to the hospital. Of these cases a large proportion died, as they were sent out at an advanced period of the attack; but not a single instance has ever occurred of a nurse, or other patient or persons, in or about the hospital, taking the yellow fever from these cases."—*American Med. Bi-Weekly.*

Urethral Stricture.—The following are the conclusions which Dr. F. N. Otis thinks himself warranted in expressing in his recent book on "Stricture of the Male Urethra."

1. That the urethra is an individuality; and hence, to obtain the true normal calibre of any urethra, it must be measured or estimated independently of any other.

2. That the meatus urinarius is worthless as a guide to the normal urethral calibre, and that its abnormal contraction is the cause of the pouch-like dilatation of the urethra behind it, known as the fossa navicularis.

3. That stricture is a relative term. Hence its extent must always be estimated by comparison with the previously ascertained calibre of the urethra under consideration.

4. That the slightest abnormal contraction of the urethra at any point constitutes a stricture.

5. That a stricture, in this sense, is always a point of friction, the legitimate tendency of which is to produce inflammation; and hence the slightest appreciable stricture becomes worthy of consideration. That serious trouble often results from strictures which but slightly contract the calibre of the urethra, and which do not markedly interfere with the passage of the urine, and that among such troubles spasmodic stricture, simulating true organic stricture in every respect, is often caused by such slight contractions.

6. That stricture is a cause, though not the only cause, of gleet, and is, when present, always a cause of its persistence.

7. That true stricture always embraces the entire circumference of the urethra at some point.

8. That complete division of stricture at any point results in the immediate disappearance of the stricture.

9. That separation of the sundered ends of the stricture, suitably maintained until the healing of the wound, prevents the return of the stricture, and finally results in the complete absorption of the stricture tissue.

10. That stricture is, strictly speaking, an inflammatory product, and that any acute or chronic inflammation may produce it.

11. That stricture is often present as a result of inflammation caused by lithiasis, masturbation, or urethral laceration (by gravel, etc.), though usually the sequel of gonorrhœa.

12. That stricture occurs most frequently in the anterior part of the canal; and with increasing frequency when approaching the meatus, where a gonorrhœal inflammation begins the earliest, rages the hottest, and lasts the longest.—N. Y. *Med. Journal.*

[It will thus be seen that Dr. Otis' book has been written for the most part to advertise Dr. Otis' high-priced instrument.]

Treatment of Idiocy by Trephining the Skull.—Dr. Fuller, of Montreal, removed, with the trephine, a portion of the skull of an idiot child two years of age, with a view to permit the expansion of the brain, and, as a consequence, the development of the faculties. After the operation, paralysis of the arm with general coldness of the extremities set in, but disappeared after a time. The mental condition of the child has improved in a very marked degree since the operation, and encouraged by this result, Dr. Fuller intends soon to remove another circle of bone.—New York *Med. Record.*

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - JAN., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE CLINICAL RECORD AND THE NEW YEAR.

We extend to every reader of this journal our earnest wishes that the new year may bring with it success, happiness and long life. We would also return grateful thanks to those true friends who have given us such efficient support in the past, and ask for a continuance of their favors in the future, which is now full of promise of better things.

In June last, there was an addition of four pages made to the size of the RECORD, and in July four more pages were added, thus furnishing one-third more reading matter than before. This venture has proved successful from a business point of view, and will probably be repeated at some future time.

The CLINICAL RECORD owes whatever of success it has already achieved to its strictly independent course. This policy will continue to be its *distinguishing* characteristic. It has not been, and shall never be the organ of any clique of "mutual admirationists," of any society, or medical school. It is the organ of every scientific physician who has any fact to communicate that will advance the interests of medicine. It will endeavor to expose error and guard and promulgate the truth without respect to persons.

We do not expect to advance our interests by exaggerated reports of our circulation; but ask our friends to aid us to extend it by all legitimate means. In this way we can afford to give them a better journal at a price that is merely nominal.

NEW DEFINITION OF INSANITY

A St. Louis medical expert gave the following lucid definition of insanity, while upon the witness stand, in the Redemeier murder case:

"Insanity is a disease of the neurine batteries of the brain, the vesicular connections or cortical portions of the cerebral hemispheres, the ganglion of the cerebrum."—*Globe-Democrat*, Dec. 15.

As the gentleman was under oath, we must presume that he stated his honest opinion as to the nature of insanity. As the case was one that involved the life of a human being, we cannot suppose that it was intended as a bit of pleasantry at the expense of the attorney appointed by the court to defend the prisoner. It is said, however, that the large audience was moved to laughter when the learned gentleman thus launched forth his new definition of insanity, and the jury were persuaded to bring in a verdict of *guilty*.

We have searched our limited store of books on diseases of the mind and nervous system for something approaching in perspicuity this new definition. Bucknill and Tuke, Maudsley, Blandford, Esquirol, Ray, Hammond, Browne, Wharton and Stillé, Prichard, Schrœder van der Kolk, Brown-Séquard, Wilks, Russell, Reynolds, Radcliffe, Niemeyer, Charcot, and a few others all are silent on the subject of the *neurine batteries of the brain*. Finally

we found the authority for this new definition. In 1873 were published "Lectures on Madness in its Medical, Legal, and Social Aspects, by Edgar Sheppard, M. D., M. R. C. P., Professor of Psychological Medicine in King's College, London, and one of the Medical Superintendents of the Middlesex County Lunatic Asylum at Colney Hatch." The scientific(?) character of the book may be inferred from a review thereof, which appeared in the *Journal of Mental Science*, October, 1873. We shall cite but two sentences as giving the opinion of the mouth-piece of English psychiatry:

"Disregarding all modern attempts to advance our specialty, speaking of them indeed in a manner which could only lead the students who attended throughout the course to regard them with contempt, the Professor, in a jaunty, chatty style, gives a queer *mêlange* of etiology, sociology, personal prejudices, vague psychology, treatment, physiology and pathology. His power of condensation is wonderful, for in four pages he is able to overcome the complex subjects of cerebral anatomy, physiology and morbid histology."

Now, this extraordinary writer, who is treated with such contempt by the English reviewer, is exalted to the position of an authority by a St. Louis expert, and made to do duty in the conviction of a man accused of murder. Here are Sheppard's words, as they appear on page 33 of his "Lectures on Madness:"

"You may take it for granted that no thought, however feeble, can be originated —no idea, however simple, can germinate, which does not involve an expenditure of somatic force. Every manifestation implies and represents the 'change or destruction of nervous element.' To be mad is to have this central neurine battery at fault. Its faultiness is the secret and foundation of insane pathology."

We agree with him that his pathology is insane; but what shall be said of the insanity of the later improvement on this pathology? Sheppard states that the "central neurine battery" is *at fault*, our expert says that the "neurine batteries of the brain" are *diseased*. The improvement is obvious. Here is something tangible. There are batteries in the brain—they are sworn to—and these batteries are diseased. We hasten to chronicle this recent discovery in "insane pathology."

ADVICE GRATIS.—We respectfully advise our ambitious specialists, who do such good service by writing up "reports on the progress of" this, that and the other, to carefully study the literature of their own country, while they display such varied acquirements by their extracts from the literature of Nova Zembla, New Zealand and Madagascar. We refer to a case in point: In "Recent Progress in Syphilology," in the Boston *Medical and Surgical Journal*, Dec. 19, 1878, page 734, we find the following:

"In Philadelphia a vagabond was recently arrested for communicating syphilis to a large number of working men (Foot Note:—Lyon *Médicale*, No. 18, and *Le Progrès Médicale*, No. 14, 1878). He pretended to make a living by performing the operation of tattooing, and, as the needles needed moistening from time to time, he had been in the habit of inserting them into his mouth, which was full of syphilitic ulcerations. It is to be regretted, in view of the scientific interest of this case, that the accounts of it are so brief and meagre."

Now, if the "reporter" had consulted the Lyon *Médical* (not *Médicale*) he would have found a reference to the *American Journal of the Medical Sciences*, for January, 1878, and if he had not ignored American literature he would have read the original paper in that journal, by Drs. Maury and Dulles, and would have found no cause for complaint about either the brevity or meagreness of the article. This instance also illustrates the danger of taking authorities at second-hand. But it may be possible that Boston does not need the medical literature of the Quaker city—if it *needs* it, it does not *read* it.

Cancer a Disease of the Nervous System.—An individual who holds a medical diploma, who is duly registered at the Health Office, and who can be compared to nothing upon or under the earth so felicitously as to the "insane well," 3,800 feet in depth, recently intimated to the St. Louis Medical Society, that cancer is a nervous disease! This discovery was duly reported for the Society by the official stenographer and, after careful revision by the Committee on Publication, printed in the proceedings of that learned body.

We have anxiously watched for the effect of this astounding discovery upon the scientific world. The *Quarterly Journal of Inebriety* has copied it, one or two other journals, perhaps, have done the same; still the "stirring of the depths" that we anticipated has not yet been made evident. Fearing lest this important fact should fall still-born upon a world that has proved itself so disregardful of the efforts of true genius, we take this method of again bringing the neurotic pathology of cancer to the light of day.

Cook's Imperial.—Our esteemed contributor, Dr. Louis Bauer, has given us an expression of opinion regarding the medicinal properties of this St. Louis champagne, which we reproduce for the benefit of our readers:

"I have no motive in recommending the Imperial Champagne of the American Wine Company to the profession, other than its excellence. From personal inquiry I am satisfied that the best quality of native wine is used in its manufacture, that the process of making it is in accordance with the most advanced principles of chemistry, that no deleterious substances are used in any form, that it is, at least, of as good taste and action as the best imported wines of this class, and is cheaper than any of them that we know of. Hence, in cases in which the nutritive principle of the grape—glucose—the stimulating effects of alcohol upon the system at large, or the soothing effects of carbonic acid upon the stomach are indicated, 'Imperial' is certainly the most agreeable, fruity beverage that can be commended to our patients."

Messrs. Parke, Davis & Co., of Detroit, have placed us under obligations by supplying us with specimens of their new preparations, among which are cascara sagrado, yerba reuma, coca, damiana, fucus vesiculosus, berberis aquifolium, extract of malt, etc. We shall carefully test these new candidates for favor, and hope to report on their virtues through these columns.

We notice some adverse criticisms on several of these preparations, and for a time were doubtful about admitting the advertisement into our columns, but we were assured by the firm that the articles offered were genuine and that we should have full particulars regarding the botanical classification of each at an early date. This promise has been fulfilled to the letter, there is no secresy about the origin of the drugs, and every one is at liberty to gather them for himself. This removes all ethical objections, and it only remains to test the claims set up for their therapeutical value. The test should be a fair one, and if they have any value the profession should be informed of the fact, and *vice versa*.

"When two ride one horse, one must ride behind," is an old proverb which will be illustrated anew in St. Louis, or we shall, in the future, decline the office of medical prophet for the Mississippi Valley. Given, two high-priced medical journals, each depending upon a limited circle for support, and one or both will naturally prove a failure. Our sympathy is with the one that wins. For the present we shall wash our hands of both parties and depend upon the medical *public* for that support which has never failed us. We are content to look on disinterestedly while the tragedy of Kilkenny repeats itself.

Pancreopepsine is a novelty introduced by Messrs. Warner & Co. It contains pepsin, pancreatin and muriatic acid—three powerful aids to digestion. We have tested it in a few cases and found it very effective.

Book Notices and Reviews.

THE PRINCIPLES AND PRACTICE OF SURGERY. Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M. D., LL. D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Profusely illustrated. Large 8vo. pp. 1062. In two volumes. Vol. I. Philadelphia: J. B. Lippincott & Co. 1878. St. Louis: Book & News Co. Cloth, $7 50.

Ever since it has been rumored that Professor Agnew was engaged in the preparation of a systematic work on surgery, we have awaited its appearance in solicitous expectation. If sincere devotion to science, earnestness of purpose, persevering labor and concentration of thought qualify for authorship, then is Prof. Agnew preëminently prepared to assume its responsibilities. We have followed his unceasing efforts with more than ordinary interest, and we are gratified to find him, at last, occupying a position in which his vast store of knowledge can be utilized to lasting advantage.

Professor Agnew may not be what is termed a brilliant man, but he is certainly one of the most solid and practical of our scientific inquirers, and one of whom our country may justly be proud. He may have his superior as a lecturer, but no one surpasses him as an instructor, and we hope, for the benefit of the rising medical generation, that a long life of usefulness may yet be in store for him

His first volume has reached us but recently, and all our leisure hours have been devoted to its perusal. We can but say that it is worthy of such a man, both in detail and totality. In justice to the reader we might, with these remarks, conclude our criticism, but not so in justice to the author.

Few surgical writers are able to regard their publications with entire satisfaction. The field is too wide, too diversified and too subtile for perfect elaboration. More or less error will creep in, notwithstanding the most conscientious care bestowed upon the preparation and it is the critic's duty to dive into the details and endeavor to assist the author with his advice. With this object alone, we are about to offer our strictures. They may be of trifling import, yet, for all that, not altogether undesirable.

In his preface, Professor Agnew asks the reader's indulgence, which, indeed, is unnecessary. If he has "stolen the hours from the time usually allotted to the repose of body and mind, and after the daily labors of an exacting public and private practice" for its elaboration, he has chosen that time precisely when he was left undisturbed to his meditations. At all events, he was "wide awake" when he conceived and executed this most meritorious publication.

His language is most pleasing, as is also the modesty and indirectness with which he urges his own personal views. We are reminded of the easy, plain and confidential style of the author when in his private dissecting-room, surrounded by his students. There is no affectation or conceit traceable, nor any effort to establish a hiatus between the teacher and his audience, by the use of learned phraseology. Yet, withal, there is that dignity of simplicity, that warms the reader to admiration, and stimulates him to emulation.

In the Introduction, the author discusses surgical diagnosis in a manner that proves him the dignified gentleman, conscientious guide, and the expert and philosophical surgeon.

In commenting upon the differences between the sexes as a cause of diagnostic disparity, the author becomes quite eloquent, stating that "no amount of training under the modern interpretation of the equality of the sexes, can ever remove this distinction without, at the same time, destroying the true grace and dignity of the female character." His critic is of the same opinion, but modestly suggests that this remark would have been much more

appropriate if it had been made at an anti-woman's-rights meeting, since the grace and dignity of the female character cuts no figure in surgical diagnosis.

Under Thermometry as a Surgical Auxiliary, Lombard's differential calorimeter should have been mentioned as one of our most trustworthy means of detecting increased local temperature. We have recently seen its great utility demonstrated by its indicating disease of three thoracic vertebræ, otherwise without evidence, affirmed by *post mortem* examination.

Under measurement, the author omits to mention the inaccuracy of the tape-line as a means of determing differences in the length of the lower extremities. Notwithstanding the observance of all the rules laid down for this purpose, the tape-line frequently gives different measurements of the same object by the most competent men, and not rarely by the same surgeon at different times. To obtain *exact* results the patient should assume the erect posture; the feet being equi-distant from the perpendicular line let fall from the spinous process of the seventh cervical vertebra. If the groove between the nates coincides with this line the extremities are of equal length, any deviation of this groove from the perpendicular demonstrates disparity of length, which may be estimated from the angle formed or by placing blocks or books under the shortened extremity until the angle is corrected, the thickness of these supports shows the amount of shortening. In our practice we have found this the only trustworthy mode of measurement.

The first chapter is devoted to Inflammation. No one can read this section without recognizing the author's diligence and scholarly completeness. The history and pathology of the subject are alike brought down to the present day—this is, indeed, more than can be said of many publications of the same character.

We think that the author commits an error in fact, when he ascribes a greater predisposition to inflammatory disease of the joints to adolescence than to childhood, as the reverse is true. The causation being the epiphiseal construction of the joints in childhood, and greater frequency of accidents.

The author still deals largely in the "strumous diathesis," and permits it to taint local affections with its deteriorating influence. We cannot allow the occasion to pass without reminding him that the drift of the professional mind is decidedly against the scrofulous current. The latest writers state that there is no such thing as a distinctive pathological anatomy nor specific causation of scrofulosis; that its symptoms are vague and indefinite, and that a rational hygiene is the only treatment suggested. Moreover, the scrofulosis of the past and that of the present are two different diseases. Our ancestors imagined the existence of a *materia peccans*, while the physiological school has modified the proximate cause of the "strumous dyscrasia" to merely an imperfect composition of protein. Again, the treatment—formerly positive, with the object of destroying the morbid principle in the humors—has, in modern times, become entirely negative. At best, the term scrofulosis covers a collective field of diverse morbid processes, each of which must be separately investigated. At present it is a pathological chameleon of diversified colors and atributes, that had best be sent to some historical curiosity shop.

Modern surgery has exploded the erroneous idea that the strumous diathesis is at the basis of all chronic affections of the articulations. *Absolute rest* has effected more in the treatment of these lesions than the entire battery of anti-strumous remedies.

The author permits his "sympathy" to operate in the extension of inflammation, where anatomical continuity would be the better explanation of the phenomena. At any rate, the translation of the inflamma-

tion in parotitis to the testicle may be, for the present, admitted in proof of the possibility of metastasis, but the affection of symmetrical joints in gout and rhumatism must be referred to a common constitutional cause.

Prof. Agnew assumes, with Sedillot, that in "purulent infection," the pus cells pass *into* the circulation. We are not aware that the microscope has confirmed this view.

Virchow has often complained that the term "inflammation" is rather indefinite, and our author seems to agree with him that it either covers too much or too little. If we have to let it pass, by common consent and usage, we ought, at least, to discriminate from ordinary inflammation those processes of repair which hardly exceed the character of exalted nutrition. John Hunter's "adhesive inflammation," for example. If the author is correct in assuming that the repair of incised wounds, simple fractures and subcutaneously divided tendons is effected by means of adhesive inflammation, then he may speak of excessive action, but ought not to refer to inflammatory "complications."

Under General Treatment of Inflammation, we find some propositions which admit of a few additional remarks:

1. He seems to be in favor of mercurial and other purgatives. While we agree with him that the bowels should be kept under due surveillance and eventually relieved of their contents by artificial means if necessary, we are decidedly opposed to powerful and drastic purgatives, which rarely effectually remove the fæces, cause a copious liquid discharge and produce an irritation of the mucous membrane that is by no means desirable. The peculiar benefits of mercury, *per se*, in the treatment of inflammation are still in dispute. Whilst we do not class ourself with the anti-mercurialists, our confidence in their antiphlogistic power has been decidedly shaken. We have seen a severe attack of acute hepatitis occur while the patient was under the full influence of calomel taken daily in appreciable doses.

2. The so-called *tonics* (page 81) play no inconsiderable part in his therapeutics. He does not appear to be free from some popular errors with reference to this class of medicines. We consider the terms *foods* and *tonics* to be synonymous. If iron is wanted in the blood, then it becomes a nutrient. The same may be said of the grape sugar of wine and malt liquors. We recognize their value as foods, outside of this, we can concede to them no specific powers.

The author's Rules of Diet (page 72) are carefully considered. We fully agree with him that the "stuffing" of patients against appetite is most reprehensible, not only in the beginning of inflammation, but in all its stages, as well as in other diseases.

The second chapter treats of Wounds. This is written with more than ordinary care and thoroughness, and very few crevices have been left into which the wedge of criticism can be driven.

We are not surprised to find that Prof. Agnew looks upon Lister's method of dressing with favor. "A trial of one year" has "convinced" him "of its advantages over all others," although the "obtained results" are by no means "so *extraordinary*" as those claimed by the eminent surgeon of Edinburgh and London. Yet they have been "so much more satisfactory than those by the ordinary plan, that to decline the use of antiseptic dressing would be to withhold from the patient one of the most important resources of the art."

In-as-much as Lister's plan endeavors to convert open wounds into subcutaneous ones, it must certainly be beneficial; in-so-far as it insures greater care, accuracy and cleanliness, it is commendable; but, as a specific against suppuration and the decomposition of the discharges, it cannot be recognized as such.

In an article (Clinical Record, Nov. and Dec. 1877) on the Dressing of Stumps,

we have clearly shown that our plain water dressing under the oil-silk cover, has furnished better statistical returns of recovery than those given by Listerism. *We* shall certainly choose the easy and simple plan that furnishes the better results, to that which is unnecessarily complicated without corresponding advantages.

Bacteriæ are either not so vicious as Lister represents them to be, or the simple water dressing with the oil-silk cover is the better antiseptic dressing for wounds. Absolute cleanliness is the best preventive of sepsis. Listerism is altogether too complicated for the general practitioner, especially in the country. The inutility of all disinfectants was only too sadly demonstrated in the recent yellow fever epidemic, probably because absolute cleanliness was not also used against the scourge, while the latter, by itself, would probably have been a perfect protection.

In the treatment of erysipelas (page 180), painting of the affected surface with iodine has given us more satisfactory results than we have obtained from silver nitrate, upon which the author relies.

"In cases of penetration (in wounds of the head involving the cranial bones), any exploration in search of the missile should be conducted with the utmost caution. It is impossible, after a probe has passed out of sight, to know whether it is following the track made by the ball or whether it is penetrating the brain-substance, and therefore, where the opening in the skull is sufficient to admit the finger, the latter should be used in preference to any other means of exploration. If fragments of bone or other foreign matters can be detected without needlessly pressing the examination, they should by all means be extracted; but, unless they are quite accessible and easily localized, all such attempts can only be productive of evil, and should be discouraged, the attention of the surgeon being confined to relieving shock and combating the succeeding inflammation." (page 293).

We quote the above to show how Prof. Agnew regards the most reprehensible practice of introducing the probe into the brain substance in search of a missile; a practice not yet extinct in our midst, as the testimony in the Edgar Moore murder trial only too clearly demonstrated.

As a remote effect of injury to the skull in children, the premature ossification of the cranial bones should have been referred to as a cause of subsequent epilepsy (page 303). Such cases have been observed by other surgeons, and we have placed upon record a case in point. In this, epilepsy of thirteen year's standing, with almost complete dementia, was entirely relieved by trephining; three years later, the individual remained in perfect health of both body and mind.

The author insists upon the rule not to divide the dura mater in trephining, unless there is clear evidence of a collection of blood or pus below it (page 308); this we emphatically endorse, believing as we do, that disregard of this wise precept is answerable for many a disastrous failure of the operation.

To prevent re-accumulation of pus after paracentesis of the chest, continuous drainage is necessary. Here we would prefer resection of a piece of a rib (as has been recently suggested and practiced), to the insertion of a drainage tube, which irritates mechanically and, at the same time, does not insure the prompt removal of the seropurulent liquid. This suggestion should not have been overlooked by the author.

Although agreeing with Prof. Agnew regarding the lethal nature of wounds of the gall-bladder, we consider the operation for removal of gall-stones as feasible and justifiable in certain cases. Our distinguished friend, J. Marion Sims, has recently performed cholácystotomy (*British Medical Journal*, June 8, 1878), which was successful so far as the operation was concerned. The patient died from blood-poisoning from the retained biliary elements; which it is reasonable to suppose would not have occurred had the operation been performed at an earlier date. The autopsy demonstrated

that the entire wound had closed by first intention.

The author's treatment of rupture of the urinary bladder does not appear to us as either efficient or commendable. If he, himself, has seen cases of this description, his therapeutic plan seems somewhat strange. The placing of a soft catheter with care that "it might not slip through the rent," does not meet the pressing indications. If the rupture takes place in the triangular space of the bladder, the urine will not be likely to follow the course of a narrow tube in preference to a large opening; and if the rent concerns the body of the viscus, the urine has already escaped into the peritoneal cavity, and cannot, of course, be reached by any catheter. In our opinion, there are but two lines of action open to the surgeon in this emergency, that offer any hope of a successful issue: The lateral operation, in the male, to relieve the pelvic fascia—provided the rent occurs in a suitable location—or the drainage-tube inserted into Douglas' sac, if the laceration be in the fundus of the bladder and the urine has escaped producing symptoms of peritonitis. In the latter instance, there is no reason why the injection of some mild, albuminous fluid should not be made into the bladder or through the drainage-tube. It need scarcely be added that these procedures should, under no circumstances, be delayed. "Flax-seed meal poultices and leeches" could hardly cope with such difficulties, and the "free incision as in the lateral operation for stone," would come too late to be of any service.

Of ascites (page 388) he tells us more than we should expect in a surgical handbook, but not enough for full information upon the subject.

In relation to volvulus (page 305), the author is rather reserved and the information furnished is surprisingly scanty, nor does he even attempt a differential diagnosis. We believe that the small intestine is more frequently compromised in this affection; *à priori*, the redundent mesentery would seem more likely to give occasion for this form of intestinal obstruction than the mesocolon. In fact, we have met with volvulus in this section exclusively, although we do not deny that it may occasionally be met with at the sigmoid flexure.

In all the cases of volvulus that we have had the opportunity of observing, a strictly circumscribed pain was found and an equally limited distention of the intestine marked the site of the lesion and furnished the basis for our diagnosis. The untwisting of the bowel has invariably been found so difficult as to necessitate gastrotomy. The inflation of the intestine with air may be right commendable in cases of invagination of the colon, but so expert an anatomist as Prof. Agnew should not have recorded Erichsen's suggestion without disapproving comment, since it is well known that air can reach, but not pass the ilio-cæcal valve, Dr. Robert Battey to the contrary notwithstanding.

As in strangulated hernia, prompt action is imperatively demanded. If relief cannot be immediately obtained by the use of large doses of opium, the knife is the only means left. Hence the greatest importance must be attached to obtaining an early diagnosis.

We have frequently observed non-malignant strictures of the rectum. In 1861, eighteen cases were observed, and most of them could be traced to *habitual constipation*, the irritative, corrosive action of the gases arising from the decomposition of long retained fæces, was the only assignable cause. Follicular ulcerations were produced, always complicating the strictures and giving rise to copious discharges.

We should discourage the use of either metallic or gum-elastic bougies "when the stricture is at an inconvenient distance" from the anus (page 432), as most dangerous. The rectum is so soft under these conditions as to be readily perforated or torn. Two such accidents were reported to the New York Pathological Society in one winter; and these occurred to expert sur-

geons, and we have reported a third fatal case, which was caused by the hydraulic pressure exerted by an injection of plain water. The perforation occurred at a point too remote from the anus to be reached either by the finger or the canula of the syringe. Thus it was that we were led to devise our rectal dilator, which the author exemplifies in illustration No. 282, without, however, giving the inventor's name. This instrument is both safe and effective, and may be graduated to suit every case.

The best plan for the removal of hæmorrhoidal tumors is by the clamp, followed by the hot iron or galvano-cautery (page 447). We have always understood that this operation was introduced by von Langenbeck, of Berlin, but are not prepared to assert his priority in this regard over Cusack. We prefer this to all other operations in this affection, for it is expeditious, bloodless, painless, and permits the patient to resume his avocation without delay.

Among "surgical dressings," we observe that the author has adopted and exemplified the "handkerchief dressing" for amputation-stumps (fig. 560), introduced by Prof. Esmarch, of Kiel. This is certainly more commendable than the old and irrational dressing by means of adhesive strips and roller bandage, exhibited in fig. 535.

Chapter X, on Injuries and Diseases of the Osseous System, is elaborated with great diligence and thoroughness. Every detail is given in perspicuous order and succession.

Among the splints recommended, we miss harness leather, a most useful material, that we have used in practice with advantage. When softened in luke-warm water it is easily moulded to the limb, dries quickly, and when thoroughly dry is as firm as binder's board, and, at the same time, permeable to the cutaneous transpiration.

We have, *for years*, altogether dispensed with wire splints. They are, perhaps, the best, but it is almost impossible to keep on hand all the forms and sizes required.

The author has, with great diligence, compiled some fifty tables on ununited fractures. Now it seems to us that a *summary* of results obtained would have sufficed, since the book will be used chiefly by students who have neither time nor taste for the study of such statistics, which, at the same time encumber the volume and increase its cost.

The same remarks apply to the tables adduced in relation to fractures treated in the Pennsylvania Hospital during the period extending from Jan. 1, 1850, to Jan. 1, 1874. Besides, the treatment there instituted was, we believe, in accordance with generally received principles, and furnish about the average results.

We fully agree with the author in relation to the occurrence of fracture of the surgical neck of the scapula (pages 877, 878), denied by some writers. A case of this description recently occurred in St. Louis. Unfortunately it was taken for a simple dislocation of the humerus into the axilla, to which such fractures bear a remarkably strong resemblance. The ultimate results have demonstrated the mistake in diagnosis:

1. By forward and internal displacement,
2. By pressure upon the branchial plexus. which for a time rendered the member useless and painful, and
3. By a notable change in the symmetry of the body, the distance of the point of the shoulder from the spine, on the affected side, being shortened.

We readily admit that with an impacted intra-capsular fracture of the neck of the femur the patient may walk two squares and make his way to the third floor of a house (page 334), provided he is of light weight and somewhat supported, but the faith of St. Antonius would be required to accept the statement that such a fracture would allow a patient weighing over two hundred pounds to ascend a stairway of seventy steps, *without* assistance. This is

reputed to have occurred "once upon a time," not very far from this city!

Dr. Hodgen does not use "occasionally" (page 956) a splint similar to that of the late Nathan R. Smith, but he uses it almost invariably in fractures of the cylindrical bones of the lower extremity, and it is unquestionably better than Smith's apparatus. A similar construction with even greater advantages has been recently introduced by our friend, Dr. G. Wiley Broome, of Moberly, Mo.

On the same page, the author mildly expresses himself in favor of the double inclined-plane, in fractures of the shaft of the femur, combined with extension as shown in figure 781, but he omits to inform the reader upon what scientific grounds the preference rests. This is very much to be regretted.

The extension method is too deeply rooted in the minds of American surgeons to permit the author to steer clear of it, but we have, as yet, looked in vain for a tenable physiological explanation of its virtues. The only reason that can be given for its necessity rests upon the simple clinical observation that the limb is shortened. This we have tried to show (CLINICAL RECORD, March, 1878) is due *not* to overlapping caused by contractions of the muscles of the thigh, but by over-riding of the upper fragment from above.

The author unnecessarily complicates the subject of Diseases of the Bones, by admitting *ostitis* as a separate form (p. 1004). The bone, separated from its cellular elements, is mere earthy matter, which, we hold, is insusceptible to the processes of inflammation. It is only secondarily compromised by the affection of either the cellular layer of the periosteum (cambium), or of the medullary structure. The bone-structure either rarifies or densifies (*sclerosis ossium*) by reason of the morbid products derived from cell action. In the first case, by lactic acid which dissolves the calcareous matter preliminary to its being absorbed, in the second, ossifying exudation fills the Haversian canals and the lacunæ. Either process has its source outside of the bone-matter properly speaking. Hence there is no such thing as ostitis.

The endostium is merely a part of the collective medullary structure which not only occupies the cavities of bones with their cancelli, but extends into the Haversian canals. It would be clinically and anatomically impossible to separate endostitis from osteo-myelitis.

In bone abscess (page 1012) the author has omitted to mention percussion of bone as a most useful diagnostic agent.

We have now briefly indicated a few points on which the author has failed to be explicit or complete in his presentations. No work of its size and extent could have fewer of them, and we confidently hope that a second edition will soon be called for, and thus give the author the opportunity to correct and amplify in some directions.

Professor Agnew's work deserves, withal, the most cordial commendation to both students and young practitioners. We know no other which we would prefer to this. The second volume, we understand, is soon to be published, and we have no doubt the promise of excellence given by the first will be carried out faithfully in the second. L. B.

FIRST ANNUAL REPORT OF THE HEALTH COMMISSIONER, April 10, 1878.

In August last we succeeded in obtaining a copy of this valuable document. Probably in consequence of the remonstrances of his friends, the Health Commissioner has thus far refrained from distributing the "official report" of his performances to the public, for we have met no one outside of the limited *circle* of the St. Louis Health Department who has obtained a copy. In fact, we learn that it is to undergo revision at the hands of some educated person before it is finally launched upon the sea of red-tape documents.

A cursory examination of the paper will

convince any one that that official's friends have reason to be ashamed of this literary execution. We speak advisedly when we term it an "execution," for the English language was never submitted to official murder-in-the-first-degree of so foul a character as has here been perpetrated. In proof of this proposition we submit the following sentence from the first page of the pamphlet. It will also illustrate the diffidence of the individual who uses the pronoun "I" nearly fifty times in a document of less than five small octavo pages. He is speaking of the difficulties of reorganizing the Health Department under the new charter:

"This must be taken into consideration in reviewing the workings of this department, as well as that of others, during the past year; but I am gratified to state that even laboring under these disadvantages, the great result, as will be shown by this and accompanying reports, is one that you, as well as the officers of this Department, can point to with pride, and which to the citizens and taxpayers of the city, who are deeply interested in its good government, cannot fail to be but satisfactory, as it will be seen that the public charities for the care of the sick and unfortunate have been dispensed in a manner to afford relief and assistance to all needing it, and at the same time at a much less cost than heretofore; but it is to the new system as inaugurated, and not especially to any individual is this result due."

It is barely possible that some patient in the City Insane Asylum, or in St. Vincent's Institution, might be found able to equal the above sentence in preposterous grammar, but we doubt it. Yet the educated physicians of St. Louis are required to submit their certificates of qualification for the exercise of their profession to this illiterate official!

The value of his official statistics may be inferred from the statement that the increase of the number of the insane under his (*sic*) charge in eight months has been eighteen per cent., "or at the rate of twenty-seven per cent. per year." On this he remarks: "What the principal causes for this alarming increase of insanity are would be difficult to explain, and what can be done to check it, I must leave to others to determine." Thus we are given darkly to understand that he could if he only would "explain the causes for the alarming increase of insanity!" Still he willfully refuses to do so. Dr. Tuke and some other alienists appear to think that habitual drunkenness has much to do with it. The Honorable H. C. may have some scruples about going into particulars regarding his knowledge of the subject on this account.

As a prophet, the H. C. seems to have been a failure—even more disastrously so than with reference to his other self-imposed duties—for on April 10, 1878, he delivers himself of the following, with reference to Quarantine hospital:

"I would doubt the wisdom of ever reopening Quarantine as a hospital, as, even when in use, as a reference to its past history will show, it was always a heavy drain upon the city treasury, and as a quarantine, for which it was originally established, it will, in all probability, never again be needed."

This is in amusing contrast with his action in August, when he endeavored to coin a little personal capital at the expense to the city of millions of dollars in trade, and to the Southern refugees of an infinity of discomfort. Quarantine *was* reopened as a hospital, people were dragged from their lodgings on suspicion of having yellow fever, and the city put to enormous expense for—nothing. When a nurse or two and the Quarantine physician were stricken by the fever, our courageous Health Commissioner became *indisposed* to visit that institution, and shortly afterward made a trip to Philadelphia on private business. It is needless to remark, however, that he drew his salary for the weeks he was absent with surprising alacrity.

A great point is made of the economy of the Health Department over previous years. When reduced to a gold basis, however, it

will be found that the rate per capita is very little if any less than in former years. It will also be found that the expenditures of Insane Asylum for 1873 have been willfully falsified, in order to give a better showing for 1878. We refer to official reports of which (unfortunately for the H. C.'s reputation for veracity) we have copies. We would remark only this: that when any system of management is bolstered up in this way, the inference must be drawn that it is sadly deficient in legitimate support.

Dr. Jameson's report, as Clerk of the Department, is really an excellent production. The subject of the regulation of prostitution is argued in the affirmative with much vigor and ability. We have always advocated this, the unpopular side of the question, and therefore strongly endorse his recommendations. It is rather strange that the Health Commissioner should delegate this portion of his work to a subaltern. A subject of such grave importance should have been treated by the hand of that great literary authority.

The Report by Dr. Homan, Chief Sanitary Officer, is an admirable one in every respect. His recommendations with reference to sanitary affairs show that he is perfectly familiar with such matters, and that there is at least one man connected with the Department who is qualified by his abilities for the office of Health Commissioner. We place him in nomination. Of course he will not receive the appointment; he is *qualified*, an altogether sufficient reason for putting a ring politician in a place that properly belongs to a medical man.

Walsh's Physicians' Handy Ledger, and Combined Call-Book and Tablet. Published by Ralph Walsh, M. D., 326 C St., N. W., Washington, D. C. Price of Ledger, $3 00; of Call-Book, $1 50. For sale in St. Louis by the Book & News Co.

We have expressed the opinion on former occasions that these works are the very best of their kind and price. The Ledger is the cheapest one offered, and contains everything required for keeping accounts in order. We have used the Call-Book for several years and have never seen a better one. Buy them and save more than their price by keeping your accounts straight, is our advice.

Practical Surgery; Including Surgical Dressings, Bandaging, Ligations and Amputations. By J. Ewing Mears, M. D., Demonstrator of Surgery in Jefferson Medical College, etc., etc., etc. With two hundred and twenty-seven illustrations. 12mo. pp. 279. Philadelphia: Lindsay & Blakiston. 1878. Gray & Baker Book & Stationery Co. Cloth, $2.

The author is well known as a most careful and pains-taking teacher and accurate writer. These characteristics are strikingly exemplified in this work. In view of the many compends of the subjects here treated it would seem that there was no room for another, but the recent advances in surgery have rendered the books published a few years ago practically obsolete, and Dr. Ewing Mears has taken advantage of the occasion to produce a hand-book of real value.

The antiseptic method of Lister is presented with remarkable clearness and simplicity; this alone gives the book a value that will be fully appreciated and ought to insure it a large sale.

The chapters on Ligations and Amputations are as full as could be expected in a work of the size. The illustrations are selected from the best standard authorities, and are of great excellence.

In fine, it is short, clear and concise, and we deem it the best work of the kind that is to be had by the student and busy practitioner.

How to be Plump. By T. C. Duncan, M. D. Chicago: Duncan Brothers. 1878. Cloth, 25 cts.

"Eggs, oysters too, are amatory food;" wrote the amative poet; oysters and eggs are the rotund Dr. Duncan's specifics for

his scrawny patients. These, with copious draughts of water are warranted to cover with flesh all those who long for an increase of adipose tissue.

The first effect of this attenuated diet is described as a distressing increase of the waist. In fact, he tells us (page 54) that "We must 'bloat up,' then 'fat up!'" This prospect proves too horrible for some of his lady patients, they preferring leanness to "bloat."

The book is quite amusing, and contains some excellent (Homœopathic) suggestions.

Literary Notes:—

New Journals.—The *Monthly Review of Medicine and Pharmacy*, Richard V. Mattison, editor, Keasbey & Mattison, Philadelphia, publishers. Subscription, $1 50 per year; a good looking new journal, edited with care, and full of valuable reading matter.

The *Southern Practitioner*, an Independently monthly journal, devoted to medicine and surgery. Nashville, Tenn., Drs. G. S. Blackie, D. J. Roberts, T. C. Dow and Duncan Eve, editors. $1 per annum. A good journal, conducted well, but we are doubtful about its complete *independence* of college influence, the editors holding chairs in Nashville Medical College.

The *Medico-Literary Journal*, a monthly devoted to the diffusion of medical knowledge among women. Mrs, M. S. Sawtelle, M. D., editor and publisher, San Francisco, Cal. $3 00 a year. This is a remarkable journal. Its mission does not appear to be exactly defined upon the title page. It is an anti-Chinese publication rather than a woman's medical journal. The price is out of all proportion to the value or extent of its contents.

National Medical Review, Walter S. Wells, M. D., editor, Washington, D. C. Monthly, $3 00 per annum. This new journal is very good, although too expensive for the ordinary practitioner. It may suit medical gentlemen in Congress, but forty small octavo pages per month is too little for the money, even if it does hail from Washington.

The *Medical Journal Advertising Gazetteer* is a quarterly, published by Dr. C. W. Bernacki, of New York City, at 25 cents per annum. It gives a classified list of medical journals published in the United States, place of issue, and a column headed *circulation*, which is left *blank*. This publication is evidently conducted on the "stand and deliver" principly. Those journals employing the publisher's "advertising bureau" will have their circulation placed high, those that decline the advantages(?) thus offered will probablp be written *down*. We shall certainly take this risk. We announce positively that we shall henceforth give *no* commissions to advertising agents; advertisers will therefore find it to their advantage to correspond directly with us.

The Voice, devoted to the interests, medical and educational, of the large class of unfortunates laboring under defective articulation, has made its appearance. It is a monthly, of twelve pages, published by Edgar S. Warner, 401 Broadway, Albany, New York, at $1 00 per annum. The first number is very interesting. We commend it to all interested in the treatment of stutterers and stammerers.

"The Tidal Wave" (See Boston *Medical and Surgical Journal*) is still at flood. Several counties are still to hear from, St. Louis included. We believe in "the survival of the fittest," and shall sorrowfully note the deccase of many of the "new born" in future numbers of the Clinical Record.

The *St. Louis Illustrated Magazine* has just begun a new volume and is vastly improved over the former exclusively literary ventures of our city. Our old friend, F. Weber Benton, Esq., the editor, contributes an interesting sketch of our St. Louis prodigy, little Evelyn Speyer; a fine por-

trait of the little lady adorns the January number. This journal is an honor to our city and deserves the most cordial support. The subscription price is insignificant, only one dollar per annum. Send that sum to the St. Louis Magazine Co. and receive many times the value in return. We will send the *St. Louis Magazine* to new subscribers on receipt of 25 cts. additional.

BOOKS & PAMPHLETS RECEIVED.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania, etc., etc. Second Edition Enlarged and Thoroughly Revised. With Five Mundred and Forty-two Illustrations. 8vo. pp. 1040. Philadelphia: Henry C. Lea. 1878. St. Louis: Book & News Co. Cloth, $6; Sheep, $7.

A MANUAL OF PHYSICAL DIAGNOSIS. By Francis Delafield, M. D., and Charles F. Stillman, M. D. 4to. pp. 28. New York: William Wood & Co., 27 Great Jones street. 1878. St. Louis: Book and News Co. Cloth, $2 00.

ESSENTIALS OF CHEMISTRY, Inorganic and Organic. For the use of Students in Medicine. By R. A. Witthaus, A. M., M. D., Professor of Chemistry in the Medical Department University of Vermont, etc., etc. 16mo. pp. 257. New York: William Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $1 00.

LECTURES ON BRIGHT'S DISEASE OF THE KIDNEYS, Delivered at the School of Medicine of Paris. By J. M. Charcot, Professor in the Faculty of Medicine of Paris; Physician to the Salpétrière, etc., etc., etc. Collected and published by Drs. Bourneville and Sevestre, Editors of the *Progrès Médical*, and Translated with the Permission of the Author, by Henry B. Millard, M. D., A. M. 8vo. pp. 100. New York: William Wood & Co., 27 Great Jones st. 1878. St. Louis: Gray & Baker B. & S. Co. Cloth, $1 50.

ANNUAL REPORT of the Supervising Surgeon General of the Marine-Hospital Service of the United States, for the Fiscal Years 1876 and 1877 (John M. Woodworth, M. D.) 8vo. pp. 213. Washington: Government Printing Office, 1878.

LECTURES ON LOCALIZATION IN DISEASES OF THE BRAIN, Delivered at the Faculté de Médicine, Paris, 1875. By Professor Charcot. Edited by Bourneville, Translated by Edward P. Fowler, M. D., New York. 8vo. pp. 133. New York: William Wood & Co., 27 Great Jones street. 1878. St. Louis: Gray & Baker B. & S. Co. Cloth. $1 50.

TRANSACTIONS of the Thirty-third Annual Meeting of the Ohio State Medical Society, held at Columbus, May 14th, 15th and 16th, 1878. 8vo. pp. 228. Columbus, O., 1878.

DIFFERENTIAL DIAGNOSIS: A Manual of Comparative Semeiology of the More Important Diseases. By F. de Havilland Hall, M. D., Assistant Physician to the Westminster Hospital, London. American Edition, with Extensive Additions. 8vo. pp. 205. Philadelphia: D. G. Brinton, 115 South Seventh st. 1879.

CONSPECTUS OF ORGANIC MATERIA MEDICA and Pharmacal Botany, Comprising the Vegetable and Animal Drugs: Their Physical Character, Geographical Origin, Classification, Constituents, Doses, Adulterations, etc. Table of the Tests and Solubilities of the Alkaloids Appended. By L. E. Sayre, Ph. G. 8vo. pp. 220. Philadelphia: D. G. Brinton, 115 South Seventh st. 1879.

OPTIC NEURITIS, with Notes of Three Cases. By C. J. Lundy, M. D. (Detroit *Lancet*, Dec. 1878). From the Author.

AMERICAN Homœopathic Ophthalmological and Otological Society, Session 1878, Put-in-Bay, June 19 and 20. Cincinnati, 1878.

TRANSACTIONS of the Medical Society of the State of West Virginia, Instituted April 10, 1867. Wheeling, 1878.

THE STRUCTURE OF THE COLORED BLOOD-CORPUSCLES of Ampheuma tridactylum, the Frog and Man. By H. D. Schmidt, Pathologist of the Charity Hospital, New Orleans, La., (Reprint from Transactions of the Royal Microscopical Society, Vol. I). From the Author.

CASE OF REPEATED ATTACKS OF APOPLEXY with Aphasia. By the same Author, (Reprint from *Journal of Nervous and Mental Disease*, July, 1878). From the Author.

The Development of the Nervous Tissues of the Human Embryo. By the same Author, (Reprint from same Journal, July, 1877). From the Author.

The Testimony of Medical Experts. Annual Address of W. H. Philips, M. D., Retiring President Ohio State Medical Society (Reprint from the Transactions, 1878).

Case of Acute Puerperal Inversion of the Uterus. By John Byrne, M. D., M. R. C. S. E. (Reprint from New York *Medical Journal*, Dec. 1878). From the Author.

Les Tumeurs Adénöides du Pharynx Nasal, Leur Influence sur l'Audition, la Respiration et la Phonation, Leur Traitement. Par le Dr. Lœwenberg. Avec deux Figures intercalées dans le Texte. Paris: V. Adrien Delahaye et Cie, Libraires—Editeurs, Place de l'école de médecine. 1879. From the Author.

Miscellaneous Notes.

Homœopathic Science(?) Illustrated.—The following is from the editorial department of the St. Louis *Clinical Review*, Dec. 1878.

"An Anomolous Case.—Dr. W. D. Gentry, of Wyandotte, Kansas, reports the birth of a girl child, the parents living in this city, having a double spine. The spine separates about two inches above the os coccyx (the lowest part of the spine), and makes a detour of one inch on either side, uniting two and a half inches above, making an egg-shaped aperture. When the child was born this aperture in the spine was filled with a diseased growth, having the appearance of a raw piece of beef which had been quickly roasted, being covered with a white blister, and filled with a watery sort of matter similar to that caused by a burn. When the child cried the raw substance would be forced out. The doctor punctured the skin and removed it, leaving the flesh bare; and with proper dressing, has now, after ten days, succeeded in forming a healthy and perfect new skin over the wound. There is, however, left on the child's back, a lump, half the size of a hen's egg, which will remain there as long as the child lives. The cause of this phenomenon is supposed to be in consequence of the use of the 'Lebenswecker,' by a physician, on the mother's back to relieve her of a very severe back-ache, a few months before the child was born, the mark being a 'mother's mark,' and resembling the lebenswecker, an instrument used a great deal in Germany for introducing medicine through the skin."

We wonder if *every* case of spina bifida is "*caused in consequence* of the use of the lebenswecker!"

On Maternal Impressions.—*Apropos* of some cases of remarkable "mother marks," black children born to white fathers(?), etc., reported by Dr. R. L. Payne, of North Carolina, the *Obstetric Gazette*, Nov. 1878, has the following:

"To all of which and similar 'freaks of nature' and 'mental impressions,' we add a note from Prof. Sidney A. Norton: 'I think it is Montaigne who has a case in point—if not, Burton, in his Anatomy—worth hunting up, like this: Husband, Spaniard, married late in life; surrounded his wife with beautiful statues, pictures, etc., but no baby. After a period of waiting, one day catches a negro getting out of his carriage and madame terribly frightened; waited longer and baby born—a decided brunette. Madame appeases jealous husband by reminding him of the terrible fright on account of the darkey—all satisfied.

Lots of fun on this topic in old English writers: longings to be appeased; delicate creatures to be indulged. There is some in Dr. Syntax, and, I think, in Hudibras; in the Jobsiad, also, and in Munchausen."

Percussion of Bone (*Centralbl. f. Chir.*, III, 43).—Prof. Lücke says that it serves to discover painful places in the bone, and, by the change in the normal percussion tone of the bone, morbid changes therein may be recognized. He has obtained the following results: In tubular bones the extremities give a higher tone than the intermediate portion. Corresponding bones of a healthy individual, give tones of the same pitch. Recently healed fractures give a lower tone. If the medullary cavity be closed or the bone-substance be increased in any way, the percussion tone is lower. In diseases of the articular extremities—chronic central ostitis—the tone is deeper. In chronic disease of the knee-joint. the

diaphysis of the tibia being osteporotic, the percussion tone produced was much higher than that given by the healthy tibia. Percussion is made with the fingers or by the percussion hammer; the limb should be held free in the air so as to avoid the disturbing influence of resonance.

Yellow Fever.—The following propositions in relation to yellow fever were finally adopted at the last meeting of the American Public Health Association:

1. Yellow fever of 1878 was a specific disease, not indigenous to or originating during that year spontaneously in the United States, and its appearance in this country was due to a specific cause. (Adopted, ayes, 33; noes, 11).

2. Quarantine established with such rigor and precision as to produce absolute non-intercourse will prevent the importation of the specific cause of yellow fever.

3. It is the duty of the General Government to aid in the establishment of a practical and proper quarantine by all means in its power.

4. It is the duty of the General Government to appoint a commission of experts to make a thorough investigation into the causes of yellow fever, and the best methods of preventing its introduction into this country, and to make such an appropriation as will permit of securing the services of the best men, and of the best means for carrying out such investigation

5. That it is the duty of the General Government to invite foreign nations to coöperate with it in the establishment of uniform and effective quarantine regulations.

6, That whatever may be the practical value of quarantine, there is no doubt of the importance and value of internal sanitary measures in the prevention or modification of epidemic yellow fever, and this Association strongly urges upon State and municipal authorities the great amount of responsibility which rests upon them on this account at times when no disease is prevalent or threatening.—*Southern Practitioner.*

Medicines or Not?—In Prussia, apothecaries have to pay a special license tax. No one, not even a physician, except in cases of emergency, except a duly examined and lisenced apothecary, is allowed to dispense medicines. Several homœopathic practitioners, at Naunburg, offended against this law by dispensing their various triturations and dilutions. They were proceeded against, and the lower court imposed a heavy fine, or, in event of non-payment thereof, a term of imprisonment. This decision was reversed by the superior tribunal for the reason that the prisoners had not dispensed medicines, "merely harmless sugar globules," thus they did not come under the prohibitions and penalties of the law.—*Anzeiger des Westens.*

Quinine Deafness.—Dr. L. Turnbull (Philadelphia *Med. aad Surg. Reporter*, Nov. 9, 1878), whose experience with aural diseases entitles his opinion to respectful consideration, disputes the vulgar notion that the salts of quinia ever produce deafness, and often the patient, having to take the quinine to relieve an intermittent or bilious fever, ascribes the deafness which precedes and accompanies this condition to the last article taken. In a practice of over a quarter of a century, almost exclusively devoted to the treatment of diseases of the ear, he has yet to find a well-authenticated case of deafness from quinine alone.

Oxalate of Cerium, long and favorably known as an excellent sedative to the gastric mucous membrane in the vomiting of pregnancy, proves equally valuable in the annoying cough of phthisis. It should be given in doses of 2 to 2½ grains, repeated every three or four hours. If given in five grain doses, it acts as a general sedative to all the functions.—N. Y. *Med. Record.*

Treatment of Colic in Horses.—Dr. Morgan W. Ayres (New York *Medical Record*) gives chloroform in twenty minim doses, subcutaneously. The needle is introduced deep into the muscle perpendicular to the surface, and no trouble follows. Repeat in twenty minutes, if necessary.

Home News.

An Outrage.—A young physician of the highest respectability was recently accused of inducing abortion and afterwards illegally disposing of the bodies of the infants—twins. At the inquiry before the Coroner it was proven that *both children were born living;* that one died in a few minutes while the other survived several days; that the

physician received a fee of fifty dollars for his services; and, finally, that the cemetery certificates were never presented at the office of the Board of Health. On this flimsy evidence the Coroner committed the physician to jail where he was kept all night before bail could be offered the judge. The morning papers presented the evidence in full, and displayed all the alleged facts in startling head-lines. The Grand Jury being in session, the case was brought before it and ignored at once, as of course it must have been.

The Coróner should have read at least a hand-book of medical jurisprudence before entering upon his duties, which are, many of them, of a judicial character. If he had done so he would have been prepared for such cases as the one under consideration. The single fact that the children were born alive, should have informed him that a charge of criminal abortion could not be sustained against the attending physician.

It would seem that this officer has since appointed an attorney as Deputy. We commend his action in this regard, and hope to have occasion to record no other instance of such rank injustice to physicians at that office.

Trichinæ.—Dr. De Wolf, Health Commissioner of Chicago, has ordered an inspection of the hogs slaughtered in that city, and has ascertained that *eight per cent.* of them are infested by trichinæ. The gentlemen employed in this investigation have discovered that a small amount of sulphurous acid added to the brine used in curing pork will kill all the trichinæ contained therein, while the pork is not injured in the least. Of course, *our* Health Commissioner has never thought of protecting the health and lives of our citizens by a similar inspection of the meats offered for sale in St. Louis. The establishment of a useless quarantine, the suppression of a few rendering establishments, the owners of which are too poor to defend themselves, and a ridiculous attempt to prevent certain physicians (against whom he has a personal spite) from practicing medicine; these employ all the energies of that individual. It is also possible that certain members of the Health Board have matters of personal interest to employ their time, to the exclusion of their public duties. At all events it would seem to parties outside the "circle" that two or three vacancies might be made in the Board with manifest advantage to the interests of the public. We do not care to enter into details at present.

The lawyer's license tax has been declared valid by the Supreme Court of the State; this sanctions the similar tax upon physicians. The legal gentlemen have appealed to the United States Supreme Court, and we have no doubt that the decision of the State Court will be reversed. The idea that our new Charter makes St. Louis practically an independent principality with the Mayor as grand duke, is one that should be and will be stamped out as soon as the United States Courts have the opportunity of acting upon it.

We regret to chronicle the late severe illness of our esteemed contributor, Dr. Geo. J. Engelmann. He received a slight wound while making a *post mortem* examination, which was followed by the most alarming symptoms. His friends will rejoice to learn that he is now considered out of danger. His review of Dr. Skene's recent work is unavoidably delayed.

Weather Prediction.—About this time look out for gratuitous advertisements of a new literary(?) venture smuggled into unsuspecting journals under the thin disguise of "St. Louis Letters," signed H. A. W., or W. A. H., or A. S. S. The latter initials, however, might be applicable to editors allowing themselves to be thus imposed upon.

The St. Louis Medical Society.—The following named gentlemen have been elected officers for the current year: President, Chas. W. Stevens, M. D.; Vice-President, Henry H. Mudd, M. D.; Treasurer, Wm. Porter, M. D.; Recording Secretary, W. E. Fischel, M. D.; Corresponding Secretary, I. N. Love, M. D.

The Missouri Medical College has, we learn, about one hundred and twenty students in attendance. The severity of the examinations at this institution has frightened away many of the weaker brethren. This speaks well for the school.

HIGHEST PRIZE FOR SUGAR COATED PILLS, at the Paris Exposition, was awarded to Wm. R. Warner & Co. This is the fifth Grand World's Fair Prize awarded for their superiority.

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Dear Sirs:

It is with great pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN. *and testify to its superiority in all cases, over Pepsin.*

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia, as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried, but with no good effect. Finally, INGLUVIN *was administered in doses varying from 5 to 10 grains; to our surprise, the patient began at once to mend, and rapidly convalesced. We cannot speak too highly of* INGLUVIN *in this case; it is certainly a valuable remedy.*

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN *he cured 3 out of 4 cases of* VOMITING *in* PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN *very extensively in his daily practice for more than a year, and has fully tested it in many cases of* VOMITING *in* PREGNANCY, DYSPEPSIA *and* SICK STOMACH, *with the best of results.*

Dr. Edward P. Abbe, New Bedford, Mass., mentions a case of Vomiting, caused by too free use of Intoxicating Liquors; INGLUVIN *was administered in the usual way, the effect was wonderful, the patient had immediate relief.*

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion. I could eat nothing, life was almost a burden to me. INGLUVIN *was prescribed in 5 to 10 grain doses, the medicine was taken for about two weeks; result, a permanent cure.*

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

Chas. H. Bennett,

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1—PIL. PHOSPHORI.	1-100 grain, 1-50 grain, 1-25 grain, in each.	1 00
2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom. ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Nuc. Vom. ⅛ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8—PIL. PHOSPHORI CUM QUINIÂ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain.	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv. Nuc. Vom. 1 grain. Sol. Cantharidis Con. ɪɱ.	1 50

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	MEDICAL PROPERTIES.	Doses.	PRICE 100	PRICE 500
ANTI-BILIOUS, (Vegetable) {Pv. Ext. Coloc. C. 2½ grs. / Podophyllin, ¾ gr.}	Cholagogue Cathartic.	2 to 3	60	2 75
ANTI-CHILL, {Chinoidin, 1 g. / Ferri Ferrocyan 1 gr. / Ol. Piper. Nig. 1 gr. / Arsenic, 1-20 gr.}	Antiperiodic. Applicable to obstirate intermittents.	1 to 2	1 00	4 75
ANTI-DYSPEPTIC, {Strychnia, 1-40 gr. / Ext. Belladonna, 1-10 gr. / Pulv. Ipecac, 1-10 gr. / Mass. Hydrarg, 2 grs. / Ext. Col. Co., 2 grs.}	Applicable where Debility and Impaired Digestion exist.	1 to 2	1 00	4 75
ANTIMONII COMP., U. S. P. [See Pil. Calomel Comp.]	Alterative.	1 to 3	40	1 75
APERIENT, {Ext. Nuc. Vom, ½ gr. / " Hyoscyam, ½ gr. / " Coloc. C., 2 grs.}	Aperient Tonic.	1 to 2	85	4 00
ASSAFŒTIDÆ, U. S. P.	Nerve Stimulant.	1 to 3	40	1 75
" 2 gr.	Nerve Stimulant.	2 to 4	40	1 75
" COMP. {Assafœtidæ, 2 grs. / Ferri Sulph. Exsic. 1 gr.}	Tonic and Nerve Stimulant.	2 to 5	40	1 75
ASSAFŒTIDÆ, ET RHEI, {Assafœtidæ, 1 gr. / Pulv. Rhei, 1 gr. / Ferrum, 1 gr.}	Tonic, Laxative, Nerve Stimulant.	2 to 4	75	3 50
BISMUTH, Subnit: 3 grs.	Sedative, Antiperiodic.	1 to 5	75	3 50
" Subcarb.: 3 gr.	Sedative.	2 to 5	75	3 50
BISMUTH et Ignatiæ, {Bismuth Sub.Carb. 4 grs. / Ext. Ignatia Amara, ¼ gr.}	Sedative, Antiperiodic, Tonic.	1 to 2	1 50	7 25
" et Nuc. Vomica, {Bismuth Sub. Carb. 4 grs / Ext. Nuc. Vomica, ¼ gr.}	Sedative, Tonic.	1 to 2	1 50	7 25
CALOMEL, ½ gr.	Alterative.	1 to 3	40	1 75
" 1 gr.	"	1 to 3	40	1 75
" 2 grs.	" Purgative.	1 to 3	40	1 75
" 3 grs.	"	1 to 3	40	1 75
" 5 grs.	" Cathartic.	1 to 3	50	2 25
" Comp. (Plummer's) 3 grs. {Calomel, / Oxysulph Antimony, / Guaiacum Resin.}	Alterative, Anti-Rheumatic.	1 to 3	40	1 75
" ET OPII, {Calomel, 2 grs. / Opium, 1 gr.}	Cathartic, Anodyne.	1	85	4 00
" ET RHEI, {Calomel, ½ gr. / Ext. Rhei, ½ gr. / " Coloc. C. ½ gr. / " Hyoscyam. 1-6 gr.}	Mild Purgative.	1 to 3	75	3 50
CAMPHOR ET EXT. HYOSCYAMUS, {Camphor, 1 gr. / Ext. Hyoscyamus, (Eng.) 1 gr.}	Anodyne. Cerebral Stimulant.	1 to 2	50	2 25
CATHART. Comp., U. S. P. {Ext. Coloc. Comp. 1½ gr. / " Jalapæ, 1 gr. / Calomel, 1 gr. / Pulv. Gambogiæ, ¼ gr.}	Cathartic.	2 to 4	60	2 75
" " Vegetable, {Podophyllin, / Ext. Colocynth, / Virgin Scammony, / Aloes, Soap & Ginger.}	Cathartic.	2 to 3	60	2 75
" " Imp. {Ext. Coloc. Comp. / " Jalap, / Podophyllin, Leptandrin, / Ext. Hyoscyamus, / " Gentian, / Ol. Menth Pip.} 3 grs.	Cathartic.	2 to 4	60	2 75
CHAPMAN'S DINNER PILLS, {Pulv. Aloes Soc. / " Rhei Opt. / Gum Mastich.}	Stimulating Laxative.	1 to 3	60	2 75
CERII OXALAT: 1 gr.	Nerve Tonic.	1 to 3	1 00	4 75
CHINOIDIN, 1 gr.	Tonic, Antiperiodic.	2 to 4	40	1 75
" 2 grs.	Tonic, Antiperiodic.	2 to 4	50	2 25
" COMP.: {Chinoidin, 2 grs. / Ferri Sulph. Exsic. 1 gr. / Piperina, ¼ gr.}	Tonic, Antiperiodic.	1 to 2	1 00	4 75
CINCHON, SULPH. 1¼ grs.	Tonic, Antiperiodic.	1 to 3	75	3 50
COCCIA, {Pulv. Res. Scammony, 1 gr. / " Soc. Aloes, 1¼ grs. / " Colocynth, ½ gr. / Potass. Sulph. ½ gr. / Ol. Caryophyl. ⅛ gr.}	Hydragogue—Cathartic.	2 to 4	90	4 25
COOK'S, 3 grs. {Pulv. Aloes Soc. 1 gr. / " Rhei, 1 gr. / Calomel, ½ gr. / Sapon. Hispan. ½ gr.}	Purgative.	2 to 4	50	2 25
COLOCYNTHIDIS COMP., 3 gr., (Ext. Coloc. Comp.) U. S. P.	Purgative.	2 to 5	80	3 75
COLOCYNTH ET HYDRARG ET IPECAC, {Pulv. Ext. Coloc. Comp. 2 grs. / Pil. Hydrarg. 2 grs. / Pulv. Ipecac. 1-6 gr.}	Cholagogue Cathartic.	1 to 3	75	3 50
COLOCYNTH ET HYOSCYAM. {Ext. Coloc. C. 2½ gr. / " Hyoscyamus, 1½ gr.}	Gentle Laxative.	1 to 2	75	3 50
COPAIBÆ, U. S. P., 3 grs.	Alterative to Mucous Membrane.	2 to 6	50	2 25
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COPAIBÆ COMP. {Pil. Copaib. / Resin Guaiac. / Ferri Cit. / Oleo-resin Cubeb.}	Alterative to Mucous Membrane, Tonic.	2 to 4	80	3 75
DIGITALIS COMP. {Pulv. Digitalis, 1 gr. / " Scillæ, 1 gr. / Potass. Nit. 2 grs.}	Arterial Sedative.	1 to 3	50	2 25
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Cascara Sagrado is the Spanish name of the bark of a tree indigenous to northern California and Oregon, known botanically as the Rhamnus Purshiana. In some localities it is called "Chittem" wood, on the supposition that it is identical with the material used in the construction of the sacred Ark—hence the name Cascara Sagrado (sacred bark). The bark of this tree has long been used on the Pacific Coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Its reputation among the inhabitants of this section and the reports of physicians who have used it, has induced hundreds of other practitioners throughout the United States and Canada, to test the new remedy in their practice—the need of a reliable corrective in that most intractable of all complaints, habitual constipation, being universally felt. The testimony of these physicians has, in turn, been published, and has been so pronounced in favor of the new remedy, and the resulting demand for it has been so great, that we have found it very difficult to obtain sufficient of the drug to supply our many orders. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice. One of our firm has visited California for the very purpose of securing a sufficient quantity to supply the rapidly increasing demand at reduced prices, but the great difficulty of obtaining it has precluded any reduction in cost. After very careful investigation, we found that we had secured the entire crop for 1877–9, with the exception of a few small shipments to other manufacturing houses to an amount not exceeding five hundred pounds. A great part of this was of very poor quality, and had been previously rejected by us as unfit for use.

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